ABSTRACT OF A

Clinical Lecture

ON

HÆMORRHAGE INTO THE CAVITY OF THE ARACHNOID:

ITS SURGICAL AND MEDICO-LEGAL ASPECTS.

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THE subject of hæmorrhage into the inter-arachnoid space has been one of the battle-fields of pathologists. The source of the blood is generally difficult to trace. It has been thought at one time to proceed from one of the vessels of the dura mater, at another from the pia mater; or, again, from one of the small veins which cross between the brain and the large venous sinuses of the dura mater. Probably it rarely comes from a vessel of the dura mater, because blood from such a source, whether the skull be fractured or not, is far more likely to separate the dura mater from the bone and escape into the space between. When the brain is lacerated and the visceral arachnoid torn, the blood found in the inter-arachnoid space is pretty sure to have come from the pia mater. Such cases are comparatively common. But if there be no fracture of the skull, no injury to the dura mater, no tear in the visceral arachnoid, and no bruising or laceration of the brain, it is impossible to say whence the effused blood is derived.

Then as to the state of the effused blood. It may be liquid or solid. If solid, it may be coagulated in clots, or in a thin membranous layer covering more or less of the convexity of the cerebrum. If in the form of a membrane, it may become a bond of union between the visceral and parietal arachnoid; or it may be adherent to the arachnoid covering the dura mater, but free on its under surface; or it may be quite non-adherent on both its aspects. In either the fluid or the solid state, if it retain all or nearly all the natural colour of the blood, and if it have none of the characters of false membrane or of a cyst, there is no room to doubt as to its nature. But when in the inter-arachnoid space there have been found layers looking like false membrane with more or less altered blood in them; or when these layers have consisted of yellowish fibrine only, with or without effusions of recent blood, in the form of small cysts, between them; or, again, when, as in some extravasations of old date, the mass has assumed the appearance of a single complete cyst containing blood, and has perhaps fallen out entire from its position,—much questioning has arisen. In all such cases, the question has been whether the cyst-like membrane has been formed from the extravasated blood itself; whether the blood causes the false membrane by inflammation, and thus an exudation of lymph surrounds the extravasation; or whether a vascular false membrane yields the blood by bleeding.[1]

The blood may become so firmly attached to the arachnoid surface of the dura mater as to appear like a thickening of that membrane. Or it may be so closely fixed to it by a smooth and glistening serous-like covering as to look as if the blood were effused between the dura mater and the parietal arachnoid; but such can be proved not to be the case by peeling off this false membrane, and thus exposing the parietal arachnoid, roughened and discoloured it may be, but still adherent to the dura mater.

Ample evidence has been produced by the French pathologists, and by Sir George Burrows, Mr. Prescott Hewett, and Dr. Wilks in this country, that all these various appearances result from extravasation of blood between the layers of the arachnoid.

But besides their great interest to the pathologist, these interarachnoid effusions are of much importance to the practical surgeon. They have been met with after blows and falls upon the head, sometimes associated with fracture of the skull, sometimes with brain bruising, sometimes with both, at other times with neither. They give rise to no symptoms which are pathognomonic, or which even suggest, with any definiteness, their presence. The symptoms as coma and paralysis, which they excite, may be delayed for an indefinite period, and are liable to intermissions dependent upon recurrence of hæmorrhage, or in old cases upon the more or less rapid absorption and effusion of the cyst fluid. Even when immediate symptoms of compression occur, neither the nature of the accident nor the character of the injury to the head affords any clue whatever to the exact locality of the blood. Nor does the apparent slightness of the hurt, or the entire absence of symptoms, exclude the probability of meningeal apoplexy; neither is there any evidence to show that the evil consequences of these extravasations are hastened or delayed by the observance or otherwise of absolute rest, regulated diet, and medicinal treatment, after the accident which has caused the hæmorrhage. This is much to be regretted; for although in many cases surgical interference would be useless, yet in others could we with certainty tell the exact situation of the effused blood, the well-timed employment of the trephine might make all the difference between restoring the patient to health on the one hand, and of early death from compression, or prolonged years of constant headache, impaired senses, altered disposition, epilepsy, and even insanity, on the other.

To the surgeon, moreover, these inter-arachnoid effusions have a very important medico-legal bearing, for he may be called upon to express an opinion as to whether the hæmorrhage is the result of violence or not; and the life of an accused person may largely depend upon the surgical evidence. Now, as it is with regard to the source of the hæmorrhage and the condition of the extravasated blood, so is it with regard to the cause of the hæmorrhage. There are cases in which there is scarcely room for doubt, but there are others in which opposite opinions might plausibly be advanced. Extravasations of blood in the arachnoid occur from injury, but, as Mr. Prescott Hewett has said, they "are generally met with in cases where there has been a decided determination of blood to the head by whatsoever cause produced. I have met with them in cases where there has been great anxiety of mind, in poisoning of opium, in drunkards, in delirium accompanying phthisis, in maniacal patients, and in aged people, in whom I think these effusions depend oftentimes upon the atheromatous deposit in the arteries of the brain and its membranes."[2]

In the Guy's Hospital Reports for 1859[3] Dr. Wilks has reported in abstract eight cases of sanguineous meningeal effusion (apoplexy), in some of which the extravasation into the arachnoid cavity was certainly spontaneous, the result of Bright's disease or anæmia, in others as certainly due to a blow; whilst in others the cause was dubious, because, though violence had preceded death, there was such a diseased condition as might of itself have given rise to the hæmorrhage.

In dubious cases two questions may be raised in defence of a person accused of murdering the subject of an inter-arachnoid hæmorrhage. 1st. Was not the hæmorrhage the result of a diseased state of the blood or tissues of the deceased, or of over-excitement? 2nd. If disease or excitement was not the immediate cause of the hæmorrhage, was it not a strong predisposing cause, and would the same amount of violence have excited fatal hæmorrhage in a perfectly healthy person?

No question of the sort arose in the case I now am going to relate, because the scalp wound was caused by a *fall*, but had it resulted from a blow or from something thrown at the deceased, with intent to injure him, one or both of these questions would have been put to the surgeon. And like so many other questions, it would have been much easier to put than to safely answer them.

CASE 1. *Scalp Wound, Delirium Tremens, Extravasation of Blood into the Arachnoid Cavity; Death.*—James J——, aged thirty-one, was admitted into Brodrip Ward on 14th of December, 1881. He had been spending a fortnight in dissipation at Brighton, during which he was more or less drunk (generally more) every day. On the morning of December 14th he arrived in London, staggered along Oxford-street to Regent's-circus, where he fell heavily, striking the back of his head against the kerb. He was

[1] Vide Prescott Hewett, Med.-Chir. Trans., vol. xxviii., p. 67; and Wilks and Moxon, Pathological Anatomy, p. 197.

[2] Prescott Hewett, Med. Chir. Trans., vol. xxviii., pp. 80, 81.

[3] Series III., vol. v., pp. 120, et seq.

picked up in a half-conscious state, taken to the police-station, and subsequently brought to the Middlesex Hospital. On admission, he was in a very muddled state of mind, and smelt strongly of drink. There was a small scalp wound, slightly to the left of the occipital protuberance; it did not extend to the periosteum. His pupils were regular and acting; his respiration and pulse natural; there was no symptom of any fracture of the skull. The stupidity of manner which was attributed to alcohol passed off after several hours, and for the next three days he lay quietly, perhaps drowsily, in bed. All this time he remained quite sensible, answered questions readily and intelligently, though in a rather subdued voice, and gave a very clear, though a most discreditable, account of his recent proceedings. He looked pale, took very little of the milk and beef-tea diet to which he was limited, and complained of frontal headache and double vision. On the morning of December 17th, he was sick, complained of having passed a very restless night, and appeared to be on the verge of delirium tremens. Later on the same day the symptoms of delirium tremens became marked, and he was removed to the delirium ward. The urine voided this day was examined, and found free of albumen. He was treated as all cases of delirium tremens under me are—viz., no opium was given, no undue or irritating restraint allowed, but enemata of two ounces and a half of strong beef-tea, with half an egg, were to be administered every three or four hours if he refused to take sufficient by the mouth. For fifty-eight hours he continued delirious, talking a good deal and having illusions. His other symptoms were subsultus tendinum, small and very compressible pulse, a moist, furred tongue, and clammy skin. He was very tractable, and neither violent nor noisy. At the end of fifty-eight hours he slept soundly and for a long time. On the morning of December 22nd he was brought back into the general ward, and seemed quite well, though weak. So he continued, and on Christmas-day he went to the church service; but he complained of feeling rather drowsy, and of having pain in the back, for which a liniment was ordered by the house-surgeon. During the night the nurse noticed how restless he was. After a time, however, he fell asleep, and in the morning (Dec. 26th) it was impossible to wake him, and he was found to have passed his urine in the bed. At 10 A.M., when seen by the house-surgeon, he was lying in a comatose state, with unequal pupils, the right being widely dilated and the left very much contracted; neither pupil responded to light, and the conjunctivæ were insensible. The pulse was 100, very small, and jerky. The skin was acting freely. There was slight twitching of both upper limbs; but it was very slight, and if more marked on one side than the other it was on the left. There was neither hemiplegia, paraplegia, nor facial palsy. At 1.30 P.M. he was in the same condition; the urine had all been passed into the bed, but two ounces of highly coloured urine were drawn off by the catheter, and was found to be nearly solid on boiling. The pulse was 100, and very small; temperature 101·6°. There was no œdema around the scalp wound, but a little purulent discharge from it. Firm pressure about the wound produced no symptom. At 7 P.M. one-eighth of a grain of pilocarpin was given by hypodermic injection, and in less than half an hour the patient was perspiring profusely. At 8.30 P.M. five grains of calomel were given in butter placed at the back of the tongue. He sweated freely all night, and the bowels acted several times, and abundantly. On the following morning (Dec. 17th) he was better; he answered when spoken to, and he could swallow beef-tea and milk. The pupils were unequal, as before, but the conjunctivæ were sensitive; there was less stertor, but otherwise the respiration and the pulse were the same. The temperature kept above 100° F. The urine was still very highly charged with albumen. The hot-air bath was employed at 1 P.M., and at 2.30 P.M. half a drachm of compound jalap powder was taken by the mouth. During the following day (Dec. 28th) and the early part of the day after (Dec. 29th) his general condition was about the same, but the quantity of albumen had diminished, and was now about half. Later on the breathing became more stertorous again; he could neither speak nor swallow; the pupils were still inactive and unequal, the right being dilated and the left contracted. At 9 P.M. the temperature shot up to 104 2° F., and at 3.10 A.M. the following day (Dec. 30th) he died.

Autopsy.—The post-mortem examination was made by Dr. Fowler twelve hours after death. The following is an abstract of his report:—The body was well nourished. There was considerable post-mortem congestion. To the left side of the occipital protruberance there was a wound dividing the integuments, but not laying bare the bone. The wound was oblique in direction, one and three-quarters of an inch in length, and slightly irregular. The tissues around the wound were infiltrated with a little blood for about an inch in each direction. The tissue of the ventricles of the heart was pale but firm, but there was a considerable quantity of subpericardial fat. The mitral valve was thickened and fibrous at the edges, but competent. The aortic valves were competent; there were some spots of atheroma just above the attachment of the valves. The lungs were emphysematous, and there was a good deal of hypostatic congestion. The liver was moderately congested, and spleen was normal. The kidneys were large, and the capsules in places adherent; beyond swelling of the cortex, possibly from slight infiltration, there was no evidence of disease. The ureters were normal and the bladder healthy. On removing the calvaria, which was thick and very dense, no fracture could be found, nor was there any fracture of the base. The right half of the dura mater covering the convexity of the brain appeared somewhat distended. On reflecting this half of the dura mater blood-clot was found spread out beneath it. The clot was most abundant over the frontal bone and in the anterior fossa, but there was also a considerable quantity beneath the parietal eminence and over the occipital convolutions. The ascending frontal and the parietal convolutions were depressed and flattened. The blood was of a mahogany tint, the coagula were soft and adherent to the under-surface of the arachnoid covering of the dura mater. The source of the hæmorrhage could not be ascertained, but probably it was from a vessel behind the upper end of the right ascending parietal convolution. The dura mater separated easily from the bone. There was a small clot on the left side, immediately beneath the wound, which had compressed the occipital convolution over an area the size of a shilling. There was a small amount of extravasation within the meshes of the pia mater over the left half of the cerebrum. The venous sinuses contained some black clots. The arteries of the base were normal. The substance of the brain appeared normal, except that the depressed convolutions were pale. The left lateral ventricle was considerably dilated, the posterior horn reached three-quarters of an inch further backwards than the right ventricle.[4] There was no blood below the tentorium. The cerebellum was normal.

In this case the scalp wound was not accompanied by a fracture of the skull, nor by lesion of the brain substance, nor was the effusion of blood most extreme beneath the seat of the wound, or the supposed source of the bleeding on the diametrically opposite point to the scalp wound, as might be expected if caused by counter-stroke. Moreover, the man was a drunkard, and had just previously to the injury undergone a prolonged debauch, whilst a few days subsequently he had suffered from an attack of delirium tremens. Then followed two or three days of apparent convalescence. These points might have furnished a strong case in favour of the theory that the injury had nothing to do with the cause of death, and that the extravasation occurred either before the injury, as the result of the congestion of drunkenness and excitement, or after it as the immediate effect of delirium tremens. Nor would the character of the blood-clots have disproved any of these suppositions. Their colour and consistence corresponded, doubtless, with the date of the injury—viz., sixteen days before death; but the changes in effused blood vary with the locality and with many other conditions, and are neither so regular nor so accurately known as to justify anyone in asserting that the age of the clots could not have been eighteen, twenty, or even twenty-five days on the one hand, or ten or twelve days only on the other. The late Dr. Taylor exposed the fallacy and danger of relying too much on the state of the blood as a means of asserting the length of time it has been effused. Two men were tried at Derby in 1859 for manslaughter. Within fourteen days after the assault the injured man was convalescent, but in four weeks more he was dead. The prisoner's counsel asked the witness—"I can produce evidence to show that deceased fell down some steps into a cellar, upon his head, three weeks before his death. Do you not think it more likely that death was the result of this fall rather than of the beating three weeks prior to the fall?" The surgeon at once said

[4] Possibly in this condition we have the explanation of the contracted left pupil, the distortion of the ventricle by traction keeping up irritation of the third nerve. The dilatation of the right pupil was doubtless due to pressure by the blood-clot, which flattened the cerebral hemisphere.

"Certainly not; there could not have been the effusion of lymph I describe after an accident in so short a space of time as three weeks." As Dr. Taylor remarks, reasons justifying such a strong opinion were not forthcoming, and he goes on to prove by another case that there was nothing in the description of the clot in question to show that the effusion had taken place more than three weeks before death.[5] This and other cases quoted by Dr. Taylor warn us how unwise it is to dogmatise on this subject. But, it might be urged in opposition, there was no Bright's disease, no anæmia, no disease of the vessels of the brain or its membranes, in this man; and, though there was no fracture of the skull and no bruising of the brain, there was a little blood effused beneath the seat of the scalp wound, and the most extensive effusion was in the situation where it would be looked for if caused by contre-coup. Moreover, it might be added, there was frontal headache and double vision. Such points should, of course, be allowed their proper weight, for they are of considerable significance in making up one's mind as to the more probable cause of death But they do not dispose of the facts (1) that blood poisoned by alcohol may produce much the same effects as Bright's disease —e.g., the convulsions of renal disease, and the epileptiform convulsions of intoxication;[6] and (2) that the prolonged toxic effects of alcohol may produce a diseased condition of the brain and its membranes such as will lead to the occurrence of epilepsy, delirium tremens, or hæmorrhage even during the periods of comparative or entire abstinence from drink.

What I have desired to point out by these remarks and by this somewhat extraordinary case is:—1. That spontaneous effusions into the cavity of the arachnoid—i.e., effusions of blood from disease or excitement—are very often not distinguishable from traumatic effusions. 2. That post-mortem examination does not always explain the cause or the source of the effusion, and that the state of the blood-clot is only a very rough test as to the age of the effusion. 3. Extravasation of blood between the dura mater and bone, as also extravasations beneath the visceral arachnoid, accompanied by brain bruising, are almost certainly traumatic, whether fracture co-exists or not. Extravasations into the substance of the brain and into the ventricles are almost certainly spontaneous when no fracture and no brain bruising co-exists, and are probably so even when fracture without bruising of the cerebral surface is found. 4. Spontaneous effusions may occur without there being any naked-eye evidence of disease of the cerebral or meningeal vessels. 5. Spontaneous effusions into the arachnoid cavity from disease or excitement have occurred as early as the twelfth year of life, and at all ages subsequent to puberty. Inter-arachnoid hæmorrhage occurs at any age from violence. 6. In slight injuries to the head, such as small scalp wounds without fracture of the skull, or bruising of the surface of the brain, the surgeon should be extremely cautious in attributing inter-arachnoid extravasation to a blow, and more especially when, as in the above case, the injured person is of intemperate habits.

RUPTURE OF THE URINARY BLADDER.

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PART III.—(*Concluded*)

REPORTED CASES OF RECOVERY AND TREATMENT.

APART from the objections which can be urged against the genuineness of the recorded recoveries after intra-peritoneal rupture of the bladder, there is one circumstance which would quite justify us in setting the cases on one side in considering the question of treatment; and that circumstance is the remarkable fact that if the genuineness of all the eight cases were to be admitted the effect in regard to the selection of the best method of treatment would be thoroughly bewildering. The record would show four cases of recovery after the use of the catheter only; one case of recovery after "washing out the peritoneal cavity" by means of the catheter passed through the rent in the bladder; one case successfully treated with the aspirator; one case of recovery after lateral lithotomy; and one case of recovery after abdominal section, sponging the urine and blood from the peritoneal cavity, and leaving the rent to itself. The inference would be drawn that one mode of treatment is as good as another, and this "lame and impotent conclusion" would sadly mar the prospect of attaining an effectual means of dealing with a most fatal lesion. Turning, then, to the accounts of the cases which are beyond the reach of doubt, we may affirm that in neither form of rupture—the intra-peritoneal or the extra-peritoneal—can reliance be placed on constitutional and general means of treatment. Leeches, venesection, fomentations, clysters, purgatives, sinapisms sedatives, poultices, calomel, opium, morphia, &c., probably affect the ultimate issue as little as the fresh sheepskins applied to the abdomen of the patient whose case is related by Bonetus, and the oxyr-rhodinum with which the parts were subsequently smeared. Morphia and opium may be very efficacious in relieving suffering, but, uncombined with surgical measures, they have no power to do more than promote the euthanasia. If any hope is to be entertained, it lies in the prompt application of efficient local treatment. The main indications are two—first, the removal, as speedily as possible, of the effused urine, and, secondly, the prevention of the further escape of urine through the rent in the bladder into the connective tissue, or the peritoneal cavity. For these purposes the means at the disposal of the surgeon are catheterism, intermittent or permanent, washing out the peritoneal cavity, and retaining a catheter in the bladder, paracentesis abdominis or simple incision to evacuate the urine, perineal sections, median or lateral, as for stone in the bladder, tapping the recto-vesical cul-de-sac, and abdominal section, combined or not with sewing up the wound in the bladder, and the establishment of drainage.

1. By the use of the *catheter* only it is possible to draw off a considerable portion of the urine effused into the peritoneal cavity, if the rent happens to be on the posterior wall of the bladder, but it will not remove all of it; and when the rent is in another part of the viscus it may fail to remove any, whether from the peritoneum or connective tissue. If passed only at frequent intervals, it will not altogether prevent further extravasation, and is liable to disturb the process of repair. Retention of a catheter in the bladder is more efficacious in preventing effusion, but it is not thoroughly reliable, and the patient finding it intolerable, may remove the instrument in the absence of the medical attendant. It is no wonder, then, that as catheterism alone does not fulfil the necessary indications, it should have been "weighed in the balance, and found wanting."

2. *Washing out the peritoneal cavity*, as in Thorp's case it was euphemistically termed, by means of a catheter fitted with an indiarubber bag and stopcock, has been strongly recommended by Mr. Heath on the basis of its supposed success in the hands of Dr. Thorp, and the failure of abdominal section in his own and Mr. Willett's cases. I cannot say that I entertain any well-grounded hope that it will prove efficacious in removing the extravasated urine, or neutralise its evil effects; it appears to me to be a fallacy to suppose that the complicated peritoneal cavity can be washed out as a simple circumscribed cavity like the bladder can be washed out through a catheter alone. For effectual washing out an opening should be established into the peritoneum above the pubes, whereby the danger of merely driving the urine further amongst the intestinal coils would be obviated. A solution of thymol would be better than warm water for this purpose. Certainly such a case as Dr. Thorp's should not lead the surgeon astray from the employment of more active measures when he is at liberty to act as his judgment directs.

3. *Tapping the recto-vesical cul-de-sac* was suggested by Dr. Harrison as a means of treating intra-peritoneal rupture under the mistaken impression that the urine frequently collects and is confined in that pouch, and that a dependent opening into the rectum would efficiently drain the peritoneal cavity. I agree with Mr. Spence that the procedure would be uncertain and often dangerous.

4. *Paracentesis abdominis* has been performed twice in intra-peritoneal ruptures (cases of Bonetus and Cusack). A cutting instrument is to be preferred to a trocar and cannula. This operation is not likely to prove sufficiently efficacious by itself, but it might be practised for the confirmation of a doubtful diagnosis, as a preliminary to abdominal section, or as a substitute for it when a more effectual procedure was

[5] Taylor, A. S., Medical Jurisprudence, 1865, p. 530.
[6] Vide Dr. Robertson's evidence in a recent trial for murder at Glasgow.

forbidden. In extra-peritoneal ruptures incisions must be made freely wherever urine can be evacuated.

5. The operations of *median and lateral lithotomy or cystotomy* are of unequal value. The median operation consists merely of urethrotomy and dilatation of the prostatic urethra, and, as the sphincter soon regains its retentive power, can scarcely be effectual, either for the removal of urine already in the peritoneal cavity, or for subsequent drainage. For exploration it would be simple, safe, and valuable, and in cases complicated by stricture the best method of preliminary procedure. (Compare cases of Arnott, Clark, Dickinson and Holmes, Earle, Quain, Reginald Harrison,[1] and Robert F. Weir.) In *lateral* cystotomy, on the other hand, the knife would be able to cut freely into the prostate and reach the neck of the bladder, which would be slow to regain its retentive power. This constitutes the great recommendation of the lateral operation, and no other measure appears to equal it for efficiency in this important direction. By itself it could scarcely have much effect in removing urine already effused into the abdominal cavity, and for this purpose some supplementary procedure would be necessary. It is also difficult to understand how the operation could be effectual for the removal of urine which had already escaped into the pelvic fascia through an extra-peritoneal rent, but probably it might answer the purpose for extra-peritoneal ruptures immediately behind the prostate, if the operator had the boldness to carry his incision through the gland and its capsule. In a case of intra-peritoneal rupture Mr. Partridge cut into the bladder and found it empty. The procedure has been strongly advocated by Dr. Stephen Smith and Dr. John A. Liddell[2] in America, and by Mr. Bryant in England.

6. *Abdominal section and sewing up the rent in the bladder* were discussed by Benjamin Bell and warmly advocated by Dr. Blundell,[3] who made experiments on rabbits to determine the value of his suggestion. In 1851 Dr. Gross proposed abdominal section for the removal of the effused urine, and more recently Mr. Holmes has written in favour of the procedure combined with suture of the bladder. Mr. Willett[4] and Mr. Heath[5] have put this method in practice without saving the patients. The causes of failure are not far to seek. In Mr. Willett's case there was a delay of twenty-four hours, the incision was five or six inches in length from the umbilicus to the pubes, the intestines were much exposed, and the suture was proved at the post-mortem to have been defective. In Mr. Heath's case the interval before the operation was unavoidably longer than in Mr. Willett's case; some clotted blood was left in the pelvis and the catgut suture gave way. The incision, however, was only two inches long. But though Mr. Heath's patient died, the advantage of abdominal section is strikingly demonstrated by the great relief afforded to the patient. My second patient, who was treated only by the intermittent use of the catheter and opium, lived six days; but how remarkable the contrast between his suffering restless state, with incessant vomiting, and the condition of Mr. Heath's patient, almost free from pain, entirely free from sickness, passing quiet nights and days, and dozing with limbs outstretched. Abdominal section has not yet been fully and fairly tried. A series of twenty or thirty cases may be needed before the value of the method can be determined. Much will depend on points of detail, the promptitude of application, the age and condition of the patient, and severity of the injury, the more or less complete removal of urine and blood from the peritoneal cavity, the length of incision, the treatment of the wound in the bladder, washing out the peritoneum, and the establishment of drainage. It is unnecessary to insist on the earliest possible formation of a diagnosis and performance of the operation, and a thorough removal of blood and urine from the peritoneal cavity. Few will dispute the less severity of an incision two or three inches long compared with one of twice the length. Experience alone can determine whether the wound in the bladder should be sewn up or not. If we could unreservedly trust to the genuineness of Dr. Walter's case, the rent might be left to take care of itself, and we might find some justification for this in the frequently jagged and contused edges of the aperture, which render primary union unlikely to occur. Dr. Vincent,[6] in a *brochure* for which I am indebted to Mr. Heath, has recently advocated cystorraphy by a combination of two kinds of suture termed the sero-muscular and serous suture respectively. In his experiments on dogs he found that abdominal section and cystorraphy were uniformly successful when practised within eight and a half hours, but constantly failed through urinary intoxication when performed twenty-four or twenty-five hours after the bladder was wounded. He attributes the failure of Mr. Willett's and Mr. Heath's cases to the length of time which elapsed before the operation, and to the ineffectual character of the suture. He deprecates founding any canon for treatment on Dr. Thorp's case. Mr. Heath is convinced of the inutility and harmfulness of a drainage-tube passed through the abdominal wound into the pelvis, but he seems to regret that he did not pass a tube through the recto vesical pouch of peritoneum and the wall of the rectum, bringing it out of the anus. I feel very strongly that this would be a dangerous procedure, and that the risk of gas getting into the peritoneal cavity would far outweigh any advantage arising from the dependent opening. If another opening be needed, and I am inclined to think that it is, the most efficient means of securing free exit of urine and giving perfect rest to the bladder would be to combine lateral lithotomy or cystotomy with abdominal section, performing the abdominal section first with antiseptic precautions, sewing up the rent in the bladder, if it ought to be sewn up, and afterwards making the perineal opening. Doubtless the combined procedure may appear severe, but an intra-peritoneal rent in the bladder is a desperate injury requiring to be met not by desperate but by thoroughly effectual measures, directed first to the removal of urine already extravasated, and, secondly, to the prevention of further escape. Surgery will achieve no unimportant triumph if occasional recoveries can be ensured by improved methods of treatment.

[1] Lectures on Urinary Diseases, p. 321.
[2] See Liddell on Rupture of Abdominal Viscera for some valuable practical remarks, American Medical Journal, April, 1867, p. 358.
[3] Lectures in THE LANCET, 1829.
[4] St. Bartholomew's Hospital Reports, 1876, p. 209.
[5] Medical Chirurgical Transactions, 1879, vol. lxii., p. 335.
[6] Plaies pénétrantes intra-péritonéales de la Vessie. Paris, 1831

CLINICAL OBSERVATIONS
ON

THE TREATMENT OF ENLARGED TONSILS.

BY GORDON HOLMES, M.D.

1. *Excision.*—That excision is the most fitting remedy for enlarged tonsils is a proposition from which few authorities or none would now be found to dissent. The theory, however, that removal of the tonsils has some adverse effect on the generative system has gained some currency amongst practitioners. Those who practise the throat speciality will scarcely attach any importance to this hypothesis, as they have the opportunity of observing numerous cases of females who have borne large families, although the tonsils were excised in youth.

The condition of the tonsils at the time of operating is a point which deserves attention. As a rule, when the patients first present themselves, the organs are in a state of acute or subacute inflammation, which is the immediate cause of treatment being sought. Under these circumstances, some practitioners are in the habit of operating at once, whilst others wait until the tonsils have regained their ordinary condition of indolent chronic enlargement. In order to decide this question, the arguments to be drawn from clinical observation are rather in favour of delay. It is no doubt well for the patient to be relieved at the soonest from the diseased glands, and the excision, with the attendant hæmorrhage, may abridge, or render abortive an attack of quinsy. If, however, the tonsillitis is very acute, the pain of the operation may be excruciating, and it may even be difficult to open the mouth wide enough for the accurate introduction of the instruments. But the most important consideration is that after the inflammation has subsided, and a few weeks have been employed in general tonic and local astringent treatment, the tonsils may return to nearly their natural size. Of course should the history of the case indicate clearly a permanent hypertrophy, we need not hesitate to operate immediately when other circumstances are favourable. It is, indeed, by no means uncommon to see even cases of mild subacute or chronic tonsillitis, in which a considerable swelling undergoes spontaneous involution in

the course of a month or two, according as the general health improves. Such instances are very likely to mislead the practitioner into the belief that a cure has been wrought by the aid of some really impotent local application. It is also interesting to observe that in a series of such attacks, where the subsequent involution is always less and less complete, we can perceive the origin of chronic tonsillar hypertrophy. And most probably there is no other way in which the disease arises, unless in those cases where the enlargement is apparently congenital.

With respect to the method of operating, the tonsillotome has almost superseded the bistoury and tenaculum, owing to the ease and rapidity with which it can be used, and the little suffering it causes the patient. The rare case of a tonsillar calculus alone remains in which the tonsillotome is inapplicable. The instrument known as Physick's is preferred by some, that of Fahnstock by others, the majority; both models being of American invention. Physick's pattern has the advantage of allowing more force to be applied in fixing it firmly on the tonsil, as it is grasped by a stout handle, whilst the convex cutting-blade can also be pressed down with great power by the thumb. Fahnstock's, on the other hand, is an instrument to be employed with dexterity rather than force, as it is manipulated by the thumb and first two fingers only, each of which is accommodated with a separate ring. It is, however, a much surer instrument than Physick's, which often fails to excise the tonsil, even in the hands of the most practised operators. This is mainly due to the aptness of the convex blade, which enters at one point only, to press the tonsil outwards, and glide over or merely lacerate its surface, even when sharpened to perfection. The tonsil is, in *fact*, often very grisly, and requires to be jammed very firmly against the blade in order to be cut directly through. But the lunated edge of Fahnstock's cutting ring is much less likely to swerve from the straight course, as it begins by being in contact with the whole surface to be incised, whilst the organ is steadied and drawn into the tonsillotome by the transfixing prongs.[1] As Fahnstock's instrument is therefore almost certain never to miss the tonsil, it is more under the command of the operator, so that a larger or smaller portion can be removed according to the requirements of the case; whereas in using Physick's, owing to the necessity of fixing it as deeply and firmly as possible over the tonsil, the amount to be taken must mainly be left to chance. For the practitioner who seldom has occasion to excise the tonsils, Fahnstock's is decidedly the model to be recommended. In all cases it is advisable to support the tonsil during the operation from the outside of the neck, either by the hands of an assistant or by grasping the throat in a fork formed by the left thumb and forefinger of the operator.

As regards hæmorrhage after tonsillotomy, it is usually very trifling and ceases spontaneously in a few minutes, or after gargling with cold water. In rare cases (probably about 1 per cent.) it is troublesome and must be controlled by ice and strong styptics. Considered in this relation the tonsillotome is safer than the bistoury, as the dragging of the tenaculum displaces the parts so that the knife may inadvertently cut deeper than intended by the operator.

2. *Caustics.*—Although excision is the standard remedy, cases are constantly met with in which the patient or his relatives, if a child, steadfastly refuse to permit the performance of the operation. Frequently also it happens that the enlargement is not so pronounced as to render the excision strictly necessary. It is of great importance therefore that we should be in possession of some mild measures, which, aided by time, can effect a reduction of the tonsils. For the purpose astringents (such as strong solutions of perchloride of iron, chloride of zinc, &c.) or caustics are our only resource; but the former, however useful in promoting spontaneous resolution in cases of temporary subacute engorgement, are totally powerless in the face of a true hypertrophy. Hence the only means that can be adopted with any clear prospect of success is to destroy small portions of the tonsils in slow succession by repeated cauterisations carried on for a lengthened period. This object is generally carried out by the application of solid nitrate of silver, chloride of zinc (in the stick), Vienna paste, London paste,[2] or the galvano-caustic to a limited area of the surface of the tonsil every two or three days. Of these remedies the nitrate of silver is very valuable when the superficial substance of the gland is in a softened and raw state, as it can be rubbed *freely* over the whole organ, usually without causing any suffering to the patient; but it is of slight avail in reducing the volume of the toughened mass of connective tissue which generally constitutes the bulk of the permanently enlarged tonsil. Nor can it be said that the stronger caustics are much more potent in this way, for they can only be used in this position so as to destroy very minute portions at a time, and hence the progress is mostly so slow and tedious that few patients will persevere until positive results have been attained. If any exception can be made to this statement, it must be in favour of the galvano-caustic[3] (a small loop of wire raised to a white heat by electricity as soon as placed in contact with the surface to be cauterised), for it kills immediately the part touched and leaves a clean ulcer, which soon heals almost unfelt by the patient. On the other hand, the London paste, &c., often give rise to considerable congestion round the sloughing point, attended with aching and pain on swallowing for many hours.

There is, however, another method, very much more effective, of applying the common caustics to the tonsil, which appears to have remained hitherto unnoticed. The tonsil, as the anatomist knows, is permeated by several rather large channels around which the follicles are collected, opening on the pharyngeal side of the gland, whence its characteristic cribriform aspect. Their orifices, about seven to fifteen in number, are sufficiently evident to be counted on the healthy tonsil *in situ*, whilst in the hypertrophied condition these lacunæ increase greatly in calibre and depth, and can be ascertained by a probe to vary from one-eighth of an inch to half an inch in length, with a diameter capable of admitting a style of ordinary size. These observations, then, afford a valuable indication for treatment: for through these natural canals a way lies open for us to attack the heart of the gland in a most efficacious manner with our caustics. Thin, pointed sticks of nitrate of silver or chloride of zinc can easily be pressed into the lacunæ and worked round for a few seconds. Small sloughs are thus formed which are soon discharged, and in the progress of this treatment the tonsils are hollowed out in one direction whilst being contracted into much smaller bulk by the subsequent cicatrisation in another. Two or three channels in each tonsil can be cauterised daily or on alternate days, and we can thus act on a comparatively large surface whilst causing but slight external soreness and little or no suffering to the patient. In practising this method, although the stronger caustics may be used, I do not think it will be necessary to have recourse to anything more potent than nitrate of silver, which acts much more effectually on the more tender internal structures of the tonsil than when applied to the comparatively callous pharyngeal surface.

Finsbury-square, E.C.

[1] The prongs are sometimes fitted to Physick's model.

[2] Equal parts of powdered unslaked lime and caustic soda made into a paste with water as required (Mackenzie).

[3] Now coming into general use, chiefly owing to the advocacy of Dr. Capart of Brussels.

A CASE OF INTRA-ORBITAL ANEURISM

FOLLOWING

FRACTURE OF THE ANTERIOR FOSSA OF THE BASE OF THE SKULL AND MENINGITIS; LIGATURE OF THE COMMON CAROTID SIX DAYS AFTER ACCOUCHEMENT; EXTIRPATION OF EYEBALL; RECOVERY.

BY WALTER E. LLOYD, L.R.C.P. ED. & L.F.P.S.G.

CASES of intra-orbital aneurism are of somewhat rare occurrence. Statistics show that the majority of the cases that do recover are those treated by ligature of the common carotid. A case recently reported by Dr. Wolfe of Glasgow, which had been operated on by that devoted surgeon, the late Dr. Foulis, adds another to the list of successful cases treated by this method. Although the case I am about to relate differs somewhat from Dr. Wolfe's, happily the same result was secured. In my case the aneurism was first intra-cranial, and then, progressing gradually through the sphenoidal fissure, became intra-orbital. The history of the case shows it to have been entirely traumatic.

Mary Jane W——, aged twenty-nine, the wife of a journeyman baker, on July 21st, 1881, was driving in a two-

wheel cart with her husband, delivering bread in the country; while returning home through the village of Long Ashton the horse fell down, and the man, his wife, and a child were all thrown out on to the road; the man and the child were uninjured, but the woman pitched on to the left side of her head. I happened to pass the scene of the accident about five minutes after, and was requested to attend to the injured woman. She had been lifted into the cart and I found her in a semi-conscious condition, bleeding slightly from the nose. I ordered her to be at once removed to her home, and shortly after went there and was able more thoroughly to examine her. I found her in bed lying on her back with symptoms characteristic of concussion. When spoken to loudly she opened her eyes and attempted to answer, but was unable to do so. The bleeding from the nose still continued; there was subconjunctival ecchymosis of both eyes, but most marked on the left side; the pupils were normal and acted when stimulated by light. I ordered her to be kept on milk and beef-tea. I found her to be six months pregnant. The next morning symptoms of meningitis appeared, and by the evening (twenty-four hours after the accident) she was in a state of violent delirium, the assistance of three or four persons being required to keep her on the bed. I ordered the head to be shaved, and an ice-cap applied. The bleeding from the nose had ceased, but the subconjunctival vessels were very much gorged with blood, those of the left side being somewhat more so than the right. The delirium continued for three days, when she gradually recovered consciousness, and from that time she made good progress. I kept her in bed, and after about six weeks it was noticed that the left eyeball was becoming more prominent. She found the sight was going from the left eye, and complained of a loud whirring, "like the noise of a mill," in the left ear, also of deafness on the same side. It became at length evident that these symptoms were due to an intra-orbital aneurism. On applying the stethoscope, a loud bruit was heard over the frontal and left temporal bones, and there was distinct pulsation of the left eyeball, both of which ceased when the left common carotid was compressed.

Now arose the question of treatment, and the complication of her being seven and a half months pregnant was a grave one. In consultation with two of my surgical friends, it was decided that it was best not to attempt an operation until after accouchement, but to keep her in bed, give ten-grain doses of iodide of potassium three times a day, and when the labour came on to deliver her as speedily as possible, so as to avoid the consequences of straining during labour; this was the treatment adopted up to the time of her confinement.

On Oct. 14th I was sent for at 9 A.M., and attended immediately. I found she had been in labour about two hours, the os uteri was dilated as large as a crown, the pains were forcing, and as I found the head did not make speedy progress, I at once applied the long forceps, and delivered her in a few minutes of a remarkably large living male child. The prominence of the eyeball was not affected by the labour.—15th: Doing well, the condition of the eyeball not altered at all.—16th: Doing well as regards the confinement, but complains of great pain in the head, and that the noise is much louder than it has been hitherto; the conjunctiva is much more injected, and the eyeball more prominent. Ordered iodide of potassium and bromide of potassium, ten grains of each, every four hours.—17th: The protuberance of the eyeball much increased, as is the œdema of the conjunctiva. She cannot sleep, the pain and noise in the head are also increased.—18th: All the symptoms are still more aggravated. Pulsation very marked, and the eyeball still more protruding; the sight is now quite gone from this eye.—19th: The prominence of the eyeball still much more increased, and the œdema of the conjunctiva much more marked, projecting one-eighth of an inch beyond the cornea; cannot distinguish light from dark. Says the pain in her head will drive her mad. Pulse weak, about 60; temperature normal; going on well as regards the confinement. I was sent for hurriedly at 8 P.M., as it was thought she was dying. My friend, Mr. W. H. Harsant, surgeon of the Bristol Royal Infirmary, saw her in consultation with me, and we decided that the only chance of saving her life was to ligature the common carotid. She was then very faint; anxious expression of countenance. Pulse hardly perceptible. Ordered brandy, and the following mixture—tincture of opium, ten minims, with compound spirit of ammonia, twenty minims, every four hours. Owing to the extreme delicacy of the operation, and the many difficulties which presented themselves, there being no gaslight and having no assistants, &c., we postponed the operation until the following morning, hoping also that she might be better able to take the chloroform. — 20th: Her condition is slightly improved, the pulse being somewhat stronger. Chloroform having been administered by Mr. Harsant, whom I cannot sufficiently thank for his very valuable assistance, I proceeded to ligature the common carotid. Making an incision three inches and a half in length along the anterior border of the sterno-mastoid, and carefully dissecting, I divided the different layers of tissue on a director. There was no special feature in the operation, except that the artery was overlapped by the internal jugular vein, which had to be drawn aside by a retractor, the carotid being found directly underneath it. The needle, being carefully passed from without inwards, was then threaded with a stout carbolised catgut ligature, which having been tied and the ends cut off short, the wound was brought together with six horsehair sutures, and covered with boracic lint. I was most ably assisted by Mr. W. A. Jones and Mr. H. M. Powell, students of the Bristol Medical School. During the progress of the operation there was very slight hæmorrhage, one small vessel having to be secured by torsion. 7 P.M. (four hours after the operation): Frequent vomiting from the chloroform. Ordered ice to suck. Says she feels much better; the pain in the head is much less, and the whirring noise is gone. The œdema is already much less, the pulsation has disappeared, and the bruit cannot be heard. She says that now she can see me quite distinctly.—21st: Has been vomiting during the night. The bruit is slightly audible; there is no pulsation. She says she has been much relieved by the operation, and feels quite different. The wound is looking healthy, but there is some pain at the top of the head (neuralgic). Pulse 80; temperature normal.—22nd: The vomiting has ceased. She still complains of the neuralgic pain. About three drops of pus came from the lower end of the wound when I dressed it to-day, but it is looking healthy. Pulse and temperature normal.—23rd: Mr. Harsant saw the case with me to-day. There is a most marked improvement; the protrusion of the eyeball is rapidly receding, and the fold of the eyelid is seen when the eye is open; the sight is perfect, the œdema of the conjunctiva is much less, and she is able to use the muscles of the eye, and rotate it on any axis. The wound is looking healthy, but, as there is some pus coming from the lower end, I removed the lowest suture, and about a drachm of pus exuded. Otherwise she is doing remarkably well. The bruit is still slightly audible—28th: The œdema of the conjunctiva very much less. I removed the last three sutures from the wound, which has healed, except at the lower end, from which the pus escapes. Ordered fish diet. She says the whirring noise has almost gone. She was quite deaf on the left side before the operation was performed, but can now hear quite distinctly on that side. The prominence of the eyeball has most markedly decreased. There is now no pulsation, and the bruit is hardly perceptible. The wound completely healed after a few days.

The progress of the case has been somewhat remarkable. At times there has been acute pain in the head, referred to the back of the left eyeball, relief from which could only be obtained by large doses of opium. The sight of the left eye has become gradually destroyed, the crystalline lens has become opaque and the eyeball pushed forward by what appears to be a large organised blood-clot; the bruit is still heard very distinctly, but, whereas before the operation it was heard loudest over the orbit and temporal fossa, it is now heard loudest over the mastoid process and the occiput. The sight of the right eye being threatened by the condition of the left, I determined to extirpate the left eyeball.

July 6th: Mr. Harsant having kindly given chloroform, I extirpated the eyeball. It was with great anxiety that I commenced this operation, fearing that during its progress I might possibly cut into the aneurism and the patient die from hæmorrhage. Happily my fears were not realised; there was hardly any bleeding. After removing the eyeball I passed my finger carefully into the orbit and could feel a firm but somewhat elastic mass at the back. The wound rapidly healed. The patient has been into the country and has returned home in perfect health, and able to perform her domestic duties; she is about to have an artificial eye in the place of the one removed.

I believe this to be the first case reported in which the common carotid artery has been ligatured six days after a

woman's confinement. Although the operation was of so grave and complicated a character the result clearly justified the means, as this woman's life was undoubtedly saved by the operation. In conclusion, I would call attention to the rapid healing of the wound, notwithstanding the fact that the operation was not performed antiseptically.

Bristol.

A CASE OF

EXTREME CYANOSIS IN AN ADULT, PROBABLY OF CONGENITAL ORIGIN.[1]

BY JUDSON S. BURY, M.D., B.S. LOND.,

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MARY F——, aged twenty-one years, was quite well during infancy and childhood, the only ailment she ever had was an abscess in the thigh. Her mother states that she was not a delicate child, was not more easily tired than other children, and did not differ in colour or in any other respect from a healthy child. The blueness set in suddenly about two and a half years since. The patient had "hurried a good deal" and felt pains in the chest and back and a choking sensation, and the woman with whom she worked remarked that "she was as blue as a whimberry." The blueness disappeared the next day but returned in a few weeks, and has since persisted. Menstruation began shortly after the first appearance of the cyanosis. When the patient was between nineteen and twenty years of age she was regular for the first year; then the catamenia stopped for about nine months. They now occur regularly, but are very scanty. There is no family history of rheumatism, and the patient has never had pains in her limbs or other symptoms suggesting a rheumatic diathesis.

Present condition.—Patient is of short stature, being about 4 ft. 7 in. Facial expression somewhat dull; skin muddy and dusky; the lips are blackish-blue; the conjunctivæ injected and of a light-claret colour; nose and cheeks purplish; the tongue, inside of the mouth, and throat present a dark-purple, congested appearance; the ends of the fingers and toes are clubbed and livid; extremities cold; no œdema; the urine is high-coloured, deposits urates, and contains a trace of albumen. On inspection of the chest, a distinct bulging is visible; it involves the second, third, and fourth left rib cartilages; there is some tenderness over the sternum. The jugular veins are not distended, but there is distinct pulsation of the carotid arteries. The heart's impulse is diffused and heaving; it is felt in the third, fourth, and fifth spaces, as far out as the anterior border of the left axilla, but is not felt near the sternum, nor is there any epigastric pulsation. The maximum point of the impulse is in the fifth space in the nipple-line; no thrill. The cardiac dulness is much increased, and laterally rather than vertically, extending from about one inch to the right of the sternum to almost the middle of the left axilla; the third rib marks the upper limit of superficial dulness, though the first two spaces are higher pitched than those on the right side; the sixth rib is the lower limit. On auscultation a high-pitched, systolic, whistling murmur is heard at the base, of maximum intensity over the first piece of the sternum; it is well conducted down this bone, being also well heard at the right sterno-clavicular articulation, and faintly in the carotids. A vertical line from the middle of the left clavicle marks its extreme left limit, and the murmur is gradually lost as the stethoscope is moved towards the apex; it is not heard behind; the sounds at the left apex are quite pure. The second sound is accentuated over the pulmonary cartilage, and is louder than at the aortic cartilage. The pulse is regular in rhythm, but not quite regular in force; it is equal on the two sides, and is felt in the femorals and in other arteries.

Remarks.—The striking feature of the case is the comparatively sudden onset in an adult of intense and permanent cyanosis, unpreceded by any illness, and found to be associated with extensive heart disease. If the latter were the result of endocarditis entirely acquired after birth, we should expect to have marked signs of engorgement of the general venous system; indeed the absence of dropsy alone points strongly to some congenital malformation of the heart, and also proves that cyanosis cannot be completely explained by the theory of venous congestion. The bulging of the chest may be taken as an indication that the enlargement of the heart occurred at an early period, when the chest walls are soft and yielding. By far the commonest cause of congenital cyanosis is contraction of the pulmonary artery as a result of fœtal endocarditis; the first consequence of this contraction is hypertrophy of the right ventricle, the second a permanent communication between the two sides of the heart; and if stenosis is extreme it may prevent the closure of the ductus arteriosus. Thus there is compensation for the strain on the right ventricle; the venous blood passes into the aorta and is conveyed to the lungs either by enlarged bronchial or other arteries, or by a dilated ductus arteriosus. These safety valves prolong life and diminish or prevent cyanosis. In contraction of the pulmonary artery the duration of life varies directly, the cyanosis probably inversely, with the degree of patency of these fœtal passages. It is now indeed well established that the mere intermixture of arterial with venous blood is not sufficient to produce cyanosis, the essential element for this condition being, as Dr. Lewis Smith puts it, the hindrance to "the free and regular flow of blood to, through, or from the lungs." The physical signs in the case before us are somewhat complicated. In pulmonary stenosis we expect indications of hypertrophy and some dilatation of the right ventricle, together with a basic systolic murmur of maximum intensity at the junction of the third left costal cartilage with the sternum, conducted towards the left clavicle and not audible in neck arteries. In the patient the murmur is loudest at the top of the sternum, is conducted to the right as well as to the left, and is heard in the carotids. There is increase of dulness to the left as well as to the right, and there is no epigastric pulsation, but a heaving impulse in the left mammary region. Most of these signs point to disease at the aortic orifice rather than at the pulmonary; but this as a result of fœtal endocarditis is very rarely met with, not because (as Rauchfuss points out in Gerhardt's Handbuch) the aorta is less frequently affected with endocarditis than the pulmonary artery in fœtal life, but on account of the very short duration of life, only one-eighth of the cases collected by Rauchfuss survived the second week of life, only one case the first month. Dr. Sansom, in a lecture reported in the *Medical Times* for 1870, relates a case of congenital stenosis of the pulmonary artery where the basic murmur had an aortic conduction. Although the aorta after death was found to be quite normal, he thinks that this was due to the coexistence of a hæmic murmur. Dr. Peacock says that the septum of the ventricles being usually defective when there is a considerable contraction of the pulmonary artery, "the aorta derives its supply of blood from both ventricles; and, if so, a systolic murmur may probably be produced by the meeting of the two columns of blood in the ascending aorta, which may modify the signs observed."

In spite, then, of aberrant physical signs, it seems probable that the origin of the pulmonary artery was affected with endocarditis in fœtal life, that the effects of its obstruction were compensated for by the persistence of communication between the two sides of the heart, and, perhaps, also by a patent ductus arteriosus; and, according to Rauchfuss, the loud second sound at the pulmonary cartilage would favour a patent duct. But about puberty, as the body became more developed and the volume of the blood greater, the insufficiency of the heart first made itself apparent. It is possible, too, that a fresh endocarditis was lit up about this time, and affected the aortic valves, for, as Dr. West has pointed out, congenital malformations of the heart predispose to inflammation of the valves.

Manchester.

[1] Case shown at the Medical Society, Manchester, October 4th, 1882.

PHOTOGRAPHY.—An essential preliminary to the obtaining of a good photograph is that the sitter should be, as regards the different systems of the body, in a state of perfect tranquillity. But in London it is usually necessary that studios, in order that the requisite light may be secured, should be placed at the top of the house, and the exertion of going up several flights of stairs is not conducive to that quiescent state of the circulation so desirable in a sitter. This difficulty has been met in the new photographic rooms of Mr. Barraud of Oxford-street, by the provision of a patent lift, which, worked by a gas-engine, and constructed on the automatic stopping-gear system, conveys visitors in a pleasant and easy manner to the elegantly appointed studio aloft.

THE FIRST FIVE YEARS' WORK AT THE LIVERPOOL SEAMEN'S DISPENSARY FOR VENEREAL DISEASES.

BY FREDERICK W. LOWNDES, M.R.C.S. ENG.,
AND
ARMAND BERNARD, M.B. DUB.,
SURGEONS TO THE DISPENSARY AND TO THE LIVERPOOL LOCK HOSPITAL.

THAT merchant seamen suffer severely from venereal diseases is too well known to require proof. It is also well known that it is among them the advertising venereal quacks find many victims. These two circumstances induced the committee of the Liverpool Sailors' Home, upon our suggestions, to open in February, 1877, a self-supporting dispensary, in connexion with the home, for the treatment of venereal diseases among all seamen in Liverpool, whether British or foreign, and whether inmates of the home or not. It was decided from the commencement to limit the practice of the dispensary to cases of venereal disease, and that the dispensary should be self-supporting, each patient paying one shilling for each attendance, receiving for this advice and medicine. The result of the five years' working, ending December 31st, 1881, will be of interest, and may be an encouragement to those who advocate self-supporting dispensaries. The lock hospital here has twenty-five beds for male patients, which are constantly full; there is no out-patient department at it nor any of the general hospitals, except the Stanley Hospital, which is a long way from the Sailors' Home. The nearest general dispensary (the South) is also some distance off, and the hours of attendance are very inconvenient ones for sailors; hence the dispensary supplied a want without adding to free medical charities or doing any injustice to the latter. It also brought medical advice and medicine within easy reach of the sailors, whose nearest advisers had hitherto been the advertising quacks. We have restricted the practice of the dispensary as much as possible to men before the mast, though we occasionally see stewards, cooks, boatswains, carpenters, &c. Suitable premises were found contiguous to the Sailors' Home, and the dispensary was opened on February 26th, 1877. The following table shows the results:—

Year.	Patients.	Attendances.	Remarks.
1877	847	2363	Only ten months
1878	1002	3246	Whole year
1879	853	2823	Ditto
1880	944	3512	Ditto
1881	848	3276	Ditto
Total ...	4494	15,220	——

For the first year we were unable to keep so accurate a register of cases as we could have wished; but since Jan. 1st, 1878, a most careful and, so far as is possible, a most accurate register has been kept, from which we are enabled to give the following summary:—

	1878.	1879.	1880.	1881.	Total.
Simple sores	226	173	229	205	833
Gonorrhœa	364	321	330	294	1309
Gleet...	200	169	184	136	689
Primary syphilis ...	112	101	115	107	435
Secondary syphilis...	95	83	79	96	353
Tertiary syphilis ...	5	6	7	10	28
	1002	853	944	848	3647

Of the total of 3647 cases, 816 were cases of syphilis, or 22·374 per cent.

Simple Sores.—Our diagnosis has often to be made on the eve of a sailor's departure to sea; hence it is possible that some of these might eventually prove to be the initial manifestation of syphilis. As a rule these simple sores healed up readily, especially with iodoform ointment. Merchant seamen are by no means cleanly in their person, a fact of which we have daily evidence. Hence we have many cases of balanitis, and simple sores are much aggravated by this want of cleanliness.

Gonorrhœa and Gleet.—For these the old copaiba mixture still holds its own, and with a few exceptions answers very well. In obstinate cases an injection of sulpho-carbolate of zinc, two grains to the ounce, is ordered as well. Our chief difficulty is to induce patients to abstain from intoxicants until after they are thoroughly cured.

Bubo.—These occur very frequently among sailors in conjunction both with simple sores and gonorrhœa. As a rule, after being opened they heal rapidly, especially if this has been done in good time. But in many cases there has been much delay, especially when the disease has been contracted immediately before sailing; in these cases there is much undermining and disorganisation of the parts, and the healing process is much retarded. In these cases, again, we have found iodoform most beneficial, sometimes in the form of powder dusted over the part, or as an ointment (forty grains to the ounce) with or without operative treatment.

Syphilis.—The practice of this dispensary affords favourable opportunities for observing the variable periods of incubation, which average from fourteen days to eight weeks. It is true that we cannot place absolute reliance on the statements of our patients, especially as, with the uncleanly habits already noticed, an indurated sore might easily escape notice amidst a mass of smegma. On the other hand, there is the fact that in the case of sailors this incubative period can be determined with more accurate data than in the case of landsmen. A seaman discovers that he is infected some weeks after sailing, and therefore some weeks after the possibility of impure sexual intercourse. In a certain number of these cases, the patients being of superior intelligence, we have been able to ascertain the period with great exactness. Primary ulcers are generally situated on the prepuce or in the furrow between the prepuce and the corona glandis, involving frequently both these parts. Induration is generally well marked, and especially in those cases where the disease has been in existence for some weeks without any treatment. In the treatment of syphilis we find it necessary to administer mercury in a very mild form and in small doses, the reckless habits of seamen in exposing themselves to wet and cold, their too frequent intemperance and impaired constitutions, making it imperative to exercise great caution in the administration of this drug. We require them to attend every second day, and supply them with sufficient medicine to last two days. A pill containing two grains of grey powder with three of Dover's powder, made up with confection of roses, is the form we mostly prefer. We also give the biniodide of mercury in mixture, and sometimes mercury by inunction. Our chief difficulty is the short time allowed us by the patients' stay in port, many men proceeding to sea in an unfit state, as will be seen further on. To those who are fit to proceed to sea, but require a continuation of the treatment, we give extra medicines, with every necessary precaution. Our experience here confirms that of most workers in this special line of practice—viz., that syphilitic diseases are most amenable to treatment if taken in proper time, and if the treatment be not interfered with by any untoward circumstances.

The following extracts from our register afford melancholy proofs of the unseaworthy state of many sailors; these being only a few out of many which might be given, and only an infinitesimal proportion of the probable whole number of seamen leaving English ports infected with venereal disease:

March 15th, 1878.—T. D——. Phimosis, ulcers of prepuce, and indurated glands. To sail next day.

April 23rd.—C. W——. Indurated ulcer of corona, indurated glands; a very severe case. Going to sea in the morning.

April 27th.—C. W——. Indurated sore of corona, indurated glands and secondary eruption. Sails on the 4th May.

May 10th.—J. P——. Large indurated sore of corona, indurated glands. Going to sea in the morning.

May 14th.—J. H——. Papular eruption on back, loins, arms, forehead, and legs. This man is saturated with syphilis. Going to sea to-morrow.

May 30th.—G. G——. Ulcer of prepuce, gonorrhœa, sup-

purating bubo. Arrived to-day; unable to work last five days; sent to lock hospital.

Nov. 6th.—J. C——. Syphilitic disease of testicle. Going to sea next day.

Dec. 4th.—J. J——. Orchitis and gonorrhœa. Going to sea next day.

Dec. 18th.—J. Q——. Suppurating bubo; ulcers of prepuce. Just come from sea. Opened bubo.

Dec. 19th.—J. F——. Indurated sore of prepuce; indurated glands; secondary eruption; disease of three months' standing. Going to sea on the 21st inst.

Jan. 13th, 1879.—T. L——. Phimosis; ulcers; suppurating bubo. Going to sea. Seen subsequently on March 20th. A very bad case of syphilis.

July 6th.—J. B——. Paraphimosis; ulcers of prepuce; indurated glands. No room in lock hospital; refused admission to workhouse. Compelled to go to sea.

In some cases we have been able to induce men not to go to sea, but to remain ashore until cured.

As regards the financial success of the dispensary, it will suffice to say that from the very commencement it has paid its way, the receipts from patients enabling us to pay rent, taxes, drugs, dispenser's salary, &c., and to leave a small and we hope increasing balance for honoraria, in accordance with the original rules. The members of the Committee of the Sailors' Home have individually and collectively shown us the greatest kindness and assistance, and the same remark applies to the energetic and indefatigable secretary, Mr. Thomas Hanmer.

Liverpool.

ON TRANSFUSION.

By J. F. LE PAGE, L.R.C.P.E.

CONVINCED that in the conservative practice of the future transfusion will hold a place of no little importance, and will be more and more extensively resorted to, and seeing that the means at present at our disposal for the performance of the operation are not altogether satisfactory, I have devised an apparatus in which there is an endeavour to combine absolute safety with great facility in use.

Of the transfusors which have been at our service that of Dr. Aveling is, perhaps, all things considered, the most serviceable; but it has the disadvantage of requiring very complex manipulation. To put it concisely, each of them requires in its use for the surgeon to be aided by skilled assistance, whilst at the same time there is no safeguard against the injection of a minute quantity of air, however careful and adept the operator may be; an accident which, in all probability, would prove fatal to the patient

The accompanying illustration shows how these disadvantages are overcome. One hand alone is needed to

operate the transfusor, and the other hand is at liberty to attend to the efferent tube; whilst the attention of the surgeon may be divided between the recipient and the donor of the blood. If any portion of air should at first remain adherent, and, of course, unseen, on the inner surfaces of the tubes, and, during the passage of the blood, be carried along with the stream, their course is with certainty arrested by the glass air receiver, into which they must rise. As to the *modus operandi:* The case contains the apparatus, knife, forceps, and a small bottle, which latter is intended to hold a compound powder composed, say, as follows: Carbonate of soda, ten grains; phosphate of soda, two grains; chloride of sodium, thirty grains. One-fourth of the powder should be dissolved in about two ounces and a half of water at a temperature of 100° F. A few drops of alcohol may be added, and the vessel containing the solution placed in another vessel partly filled with water at a temperature somewhat higher. Then, having attached the receiving and delivering tubes, the two extremities of the instrument must be placed in the inner vessel with the air chamber downwards. Now press the lever, press the elastic ball, release the lever, release the elastic ball, and, after repeating that process once or twice, turn both taps. It is now ready for use. Raise the patient's arm to the horizontal position, so as to facilitate the transmission of the blood to the heart, and, having inserted both tubes, one into the supplying vein, and the other into the receiving vein—the right median basilic is, perhaps, the best—turn the taps, and, in the same order, press the lever, press the ball, release the lever, release the ball, and so on. Precisely one quarter of an ounce passes out each time. It is expedient, having commenced the transmission of blood, to complete the process without arrest, lest coagula should form. The apparatus is made by Messrs. Arnold and Sons, and their name is quite sufficient guarantee for excellence of workmanship. I must, however, say that my thanks are due to them for so faithfully, so well, and with such precision and care elaborating from my drawings an instrument of some elegance.

A word as to the cases in which transfusion is indicated. My special intention is that of supplying the obstetrician with a safe and facile means of transfusing blood after post-partum hæmorrhage, where the diastaltic system is practically dead, and the heart is dynamically incapable of action in consequence of the absence of fluid to act upon. But transfusion is indicated in many other cases than that of uterine hæmorrhage leading to this condition. For instance, when, after excessive hæmorrhage, the vital fluid is not reproduced, and the nutritive process is so impaired that the persistent anæmia would be the forerunner of phthisis or other grave disease did we not supply red corpuscles to carry oxygen with which to re-establish those functions which are essential factors in the formation of hæmoglobin. And it is certainly indicated in some cases of hæmorrhage from the bursting of an aneurism, or where a main artery has been divided. With its aid life may at least be prolonged, where the stomach and rectum refuse to retain nutriment in the exhaustion from marasmic disease. It may also be resorted to in the asphyxia of new-born infants, the injection being made through the umbilical vein, having previously allowed a little blood to escape from the umbilical artery. For this purpose a small quantity of blood taken from the placenta and defibrinated will answer very well. In chronic as well as in acute anæmia we may transfuse, for where the whole blood is altered by toxic or pathological causes it is manifestly advantageous to improve its quality by the admixture of healthy blood. It may also appear indicated after hæmorrhages from the stomach and intestines, hæmoptysis, and some surgical operations. I would go so far as to suggest, on physiological grounds, its occasional indication in hæmorrhagic fever. In the young who are robust, absorption and nutrition will soon replace the normal quantity of fluid, although for a time it will be inferior in quality to that which was lost, containing less than the due proportion of oxygen carriers, the red corpuscles. In those previously suffering from anæmia, and in the aged whose blood is very slowly reproduced, it appears to me that the operation may, with very great promise, be repeated even more than once, at intervals of a few days. In cases of poisoning, when the nature of the poison is unknown, or when an antidote would not be effective, or in pyohæmia, might not occasionally a life be saved by alternate depletions and injections of pure blood? In epilepsy it has been used with marked success. And, as in puerperal eclampsia we may presume an excess of carbonic acid and a deficiency of oxygen, may we not here also find it of no little service? I should remark that Dr. Schäfer has most conclusively shown that the action on the blood-corpuscles of beef peptones, milk, and some other fluids, when used in lieu of blood, is most injurious.

It has been urged in disparagement of the operation that during transfusion very painful symptoms are experienced, followed, after its performance, by alarming prostration and hæmorrhagic fever. This we may admit to be, in some cases, substantially correct. But what is the cause of all this, but that the vital powers are so stimulated to reassert themselves that the heart and arteries, certainly with intermissions, are making very violent efforts to drive along the small quantity of blood which the system contains? The inference is clear that this most valuable operation has not been so frequently performed as it should have been, and that many invaluable

lives have been lost which might have been saved by the immediate restoration of the failing powers of the heart and nervous system which it most strikingly effects.

Durham.

CASE OF ACUTE RHEUMATISM,

OCCURRING IN A NEWLY-BORN INFANT, TREATED WITH SALICYLATE OF SODA.

By F. ERNEST POCOCK, M.D.

ON May 25th I was called to see Mrs. A——, who had been ill for two days. I found her suffering from acute rheumatism, with a temperature of 106·5°. She was pregnant with her second child, and, as far as I could gather, within about a month of her confinement. I ordered twenty grains of salicylate of soda every hour for six doses, and then every two hours. On Tuesday morning, about thirty hours after seeing her for the first time, the rheumatic pains left her entirely, and labour pains came on, resulting in about four hours in the birth of a sturdy male child, who appeared perfectly healthy. The rheumatism returned immediately the child was born, and she could not bear it put to the breast. The milk was dispersed by belladonna, and Mrs. A—— made a fair recovery in about five weeks, but unfortunately with considerable valvular mischief.

The child was a very cross one, and cried very much, which the nurse and the mother attributed to flatulence and want of food. However, dill-water, aniseed, &c., having no effect, I was sent for about twelve hours after the birth. The child was decidedly feverish, with a moist skin and an acid smell about him. I noticed that he appeared to cry more loudly whenever his right arm was moved. On removing the dress, his right shoulder and elbow were found reddened, and on moving either joint he cried lustily. On using the thermometer I found his temperature 103·5° and his pulse 170, as accurately as I could count it. Under the circumstances, it occurred to me that he might have the rheumatic poison in his blood, and that in fact I had to do with a case of congenital rheumatic fever. As Mrs. A—— was unable to nurse him, and we thus could not give him any medicine per matrem, I determined to administer the salicylate in a direct form. Four grains were given in a little sweetened water every two hours for six doses. The pain then seemed less, and it was given every four hours. However, the restlessness returned, and the temperature was found to have risen to 104°, and it was therefore continued every two hours for four doses more, and then the interval increased to three hours. By this time (about forty hours from birth, or twenty-eight from the commencement of the salicylate) the temperature was reduced to 101° and the pulse to 140. In another twenty-four hours the interval between the doses was increased to four hours, and in another day to six hours or three times a day. When about 180 grains had been taken, and the child was nine or ten days old, the drug was stopped for twenty-four hours, but given again at the end of that time in four-grain doses two or three times a day as occasion required for a fortnight. After this a teaspoonful of cod-liver oil was rubbed into the skin twice a day for three weeks, when the child appeared perfectly well. The temperature had gradually and steadily diminished since it had risen to 104°, which was when the child was thirty hours old, down to the eighth day, when it was normal, and never rose after. Nestle's milk food was given as sustenance, and a few grains of mercury with chalk as occasion required. I was unable to detect anything abnormal about the heart sounds all through.

This is, as far as I know, a unique case, and I trust it will be of interest to the profession. It seems to show that the salicylate does not deserve quite all the hard things that have been said and written about it; and that even in the case of a newly-born infant it may be pushed almost to an extreme without producing the head symptoms which have so often been laid to its charge. May not these latter, in many reported cases, have been due to the rheumatic blood circulating through the brain, and not to the drug?

St. Mark's-road, North Kensington.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

TWO CASES OF INCREASED EYEBALL TENSION; ONE REDUCED BY ESERINE, THE OTHER BY ATROPINE.

(Under the care of Mr. TWEEDY.)

AMONG the cases lately presenting themselves in Mr. Tweedy's clinique were two of considerable therapeutical and pathological interest. In both the tension of the left eye was greatly increased, though from different causes. In one the tension was reduced to normal by means of a pupil-contractor, eserine; while in the other a similar result was produced by a pupil-dilator, atropine. In the first the disease was intermittent glaucoma; in the second, recurrent iritis. The interest of the cases is increased rather than diminished by the fact that such examples are by no means infrequent, and their gravity by the fact that a mistaken choice might be disastrous. To employ atropine in glaucoma and eserine in iritis would, besides aggravating the existing symptoms, in all probability induce irreparable mischief. Mr. Tweedy alleged that it had become too much the fashion to regard increased tension of the globe as always identical with glaucoma. This is as irrational as it would be to regard ascites as always and only indicative of cirrhosis of the liver. The second of these cases showed that there may be a high degree of hardness of the eyeball, and yet an absence of glaucoma. In glaucoma the increased tension usually supervenes on changes affecting the drainage apparatus of the anterior segment of the globe, checking elimination, whereas the increased tension occurring in iritis and allied conditions primarily and chiefly depends on engorgement of the vascular tunics of the interior of the eyeball and on the formation and accumulation of inflammatory products. Eserine and other myotics could not, it was stated, be looked upon as the rivals of iridectomy or sclerotomy in glaucoma, they were rather adjuvants, and at most alternative in cases where operation was not imperative or was otherwise impracticable. On the other hand, as glaucoma is a cumulative condition the judicious employment of myotics might correct the vice on which the malady essentially depends, and thus ward off an actual outbreak.

For the following notes we are indebted to Mr. F. Knight, ophthalmic assistant.

CASE 1. *Intermittent Glaucoma; increased Tension rapidly reduced by Eserine.*—Maria B——, aged fifty-five, On August 21st the patient was seized with severe pain across the top of the head, in the forehead, and left eye. For a week this pain was constant and prevented sleep. On August 28th a blister was applied behind the left ear, and this seemed to relieve the pain considerably. After a day or two the pain returned, and up till Sept. 11th the pain recurred nearly every day, each attack lasting eight or ten hours. During these attacks the patient could not bear any light and had to have the room darkened. Objects looked foggy. On September 11th she came to the hospital for dimness of the left eye and neuralgia. The left pupil was slightly larger than the right, the tension normal and equal; V = $\frac{2}{3}$ in the right eye, and $\frac{1}{10}$ in the left. The left optic papilla was "shallowed." From the history rather than from the physical signs a diagnosis of intermittent glaucoma was made. Quinine mixture was ordered. On September 17th the patient was seized with an attack of pain, and when seen on the following day the tension was increased to T + 2, the vision had greatly diminished, the media were hazy, and there was visible pulsation of the central artery of the retina. A drop of a solution of sulphate of eserine (two grains to the ounce) was applied to the conjunctiva of the left eye, and in half an hour the tension had sunk to normal, the pain had ceased, and the sight had improved. Eserine was ordered to be

applied twice a day. No recurrence of pain, increased tension, or obscuration having occurred in the interim, a solution of nitrate of pilocarpine (two grains to the ounce) was, on October 5th, substituted for the eserine as being less costly, and in some cases as effectual. On the 9th the eye was not so well, the tension was increased, the pupil semi-dilated, and the sight was "misty" again. Eserine was applied once more, and in half an hour the tension was normal, the pain gone, and the sight clearer. Since then eserine has been used twice a day, and the sight and general condition of the eye have steadily improved.

CASE 2. *Recurrent Iritis; Increased Tension* (T + 2); *Reduced by Atropine.*—S. C——, aged forty, a tailor, was seized with violent pain in the right eye on waking on the morning of Oct. 24th, 1881. The pain continued till Nov. 7th, when he applied at the hospital. He then had marked kerato-iritis with many posterior synechiæ. The pharmacopœial solution of atropine, applied many times at short intervals, failed to dilate the pupil. Leeches were applied, a mercurial and colocynth purge was given, and atropine was instilled every two hours. The pain speedily subsided, and in a few days the eye was apparently recovered. The left eye was then attacked, but soon got well. In the following January episcleritis appeared in the right eye, and continued some weeks. On February 23rd, however, the eyes were quite well; the acuteness of vision was normal. On March 9th there was another recurrence of iritis, with posterior synechiæ in the left eye, but this attack responded gradually to treatment, and on May 1st the patient resumed work, and continued to work with comfort till Oct. 14th. On the morning of this day the left eye was again attacked with recurrent iritis of a severe type. The patient applied leeches and poppy fomentations, but did not attend at the hospital till the 17th, when he had an extreme degree of kerato-iritis; the aqueous was turbid, the pupil greatly contracted and blocked with lymph, which extended over the whole surface of the iris and covered it. The tension was increased to T+2. Atropine was applied at short intervals, and one grain of calomel and a quarter of a grain of opium were given three times a day. On the 19th the pain was less, the tension somewhat diminished, and the pupil was semi-dilated, exposing a narrow space between the edge of the iris and the circular mass of lymph in the pupillary area. Three days later, the same treatment having been continued, the pain had ceased; the pupil was rather larger, the cornea bright, the lymph gone from the pupil, and the tension was if anything subnormal, from inflammatory softening.

LEEDS PUBLIC DISPENSARY.

CASE OF ANEURISM OF BASILAR ARTERY; RUPTURE; DEATH; NECROPSY; REMARKS.

(Under the care of Mr. C. J. WRIGHT.)

FOR the notes of the following case we are indebted to Dr. Hudson.

William ——, aged sixteen, currier, was found in the street in a fit, at 4 P.M., March 12th, 1882. He was conveyed to an inn and given some whisky, after which he attempted to walk home. After going about forty yards in a semi-stupefied condition, he fell down insensible, not convulsed, and was taken home by a policeman, vomiting profusely on the way. At 7 P.M. he was seen by Dr. Hudson. He was then lying on his back, his face pallid and covered with perspiration, as also the rest of the body; pupils dilated, equal, not responding to light, no apparent loss of muscular power, limbs flaccid. He could not be aroused by loud speaking; pulse 79, full, compressible; respiration 26; temperature 100·4°. There was no paresis of the sphincters, nor any loss of blood from the ears or mouth. The nostrils were partly filled with clotted blood, and a trace of the same was on the upper lip. There was no evidence of fractured skull or other injury. At the bed-side was some vomit slightly and equally mixed with dark blood. There was no injury of a former date, nor history of any illness to be elicited, neither was there suspicion of foul play. The head was shaved and an ice cap was applied. The vomiting having ceased, six grains of calomel were placed on the tongue. At 10.30 P.M. he was seen by Mr. Wright. He could now be roused, and answered "Yes" to a question about pain, putting his right hand to the frontal region and keeping it there. The pupils were normal and acted well; there was no paralysis, no return of vomiting, and the bowels had acted freely. Pulse 80, dicrotous; respiration 24; temperature normal. Perfect quiet was enjoined, soda-water and milk were given, and the ice was continued.—13th: More conscious; complains of great pain in the frontal region with intolerance of light, and of nausea. He remembers feeling "dizzy" and falling, nothing further; urine normal. Ordered an effervescing draught, with ten grains of bromide of potassium every three hours.—14th: Has not slept owing to the frontal cephalalgia; looks very pallid, is warm, and has not vomited again. No blood in nostrils; no melæna. Respiration and temperature normal; pulse 80, firmer. Ordered two ounces of compound senna mixture, and a blister to nape of neck.—16th: Has slept two hours, and had less pain; bowels very confined; passes water freely, and has perfect control over the emunctories. To continue with draught and have a powder with six grains of calomel and a drachm of compound jalap powder at bedtime.—18th: The frontal pain alone complained of, and which entirely prevents sleep; no vomiting. Temperature normal. To have nightly a draught of three grains of chloral hydrate, with twelve grains of bromide of potassium.—23rd: Still intense frontal pain. A seton inserted in nape of neck. To have seven grains of iodide of potassium three times a day, and mercurial ointment applied to the arm.

April 4th: The pain continuing, though not so severe as before, a seton was put in the nape of the neck, and the mixture increased to twelve grains of iodide of potassium three times a day. The draught at bedtime was continued, as he only slept after taking it.—12th: Has less pain, eats well, and sits up in bed daily.—14th: No pain for two days. The ointment to be discontinued, and the seton removed.—20th: Was out of bed two hours.—24th: Reported by his mother to have had a "fit" at midnight, not being convulsed but falling suddenly on the floor. He remained unconscious forty-five minutes, and continued "dazed" for hours afterwards. He vomited shortly after the "fit." He still seems stupid, and complains of great pain over the left orbit, whereas previously it was referred to the whole frontal region. Bowels unmoved for two days. To continue mixture and draught, and two compound colocynth pills at bedtime.

May 1st: Has no pain, and been up for the first time since the "fit."—11th: Having had no pain for twelve days the iodide was reduced to two grains thrice daily, and the draught discontinued.—12th: Attended at the dispensary, walking well, and only looking pallid. Ordered to Ilkley. 13th: Went to the theatre, and while down in the vestibule between the acts had a "fit," at 10 P.M.; was taken to the General Infirmary and expired immediately after admission, at 10.30 P.M.

Necropsy, forty-two hours after death.—A large quantity of clotted and semi-fluid blood covered the whole surface of the brain, especially the base, extending over and down below the medulla oblongata and through the transverse fissure into the lateral ventricles. An aneurism about the size of a small bean was found at the junction of the basilar with the left posterior cerebral artery, which had given way in its lower wall, the opening being about the size of a large pin's head. The coats of the aneurism were extremely thin, especially around the ruptured point. There were no signs of any former fracture of the skull. Other organs healthy.

Remarks by Mr. WRIGHT.—Although the cases of cerebral aneurism upon record are somewhat limited, they are probably in reality more common than is supposed, owing to the real causes of some hæmorrhages over the brain being either overlooked or never ascertained; such cases being either not examined after death, or simply set down as under the head of "apoplexy." The basilar artery appears to be the most usual seat for the development of a cerebral aneurism, which probably can seldom, if ever, be diagnosed with certainty during life. In the above case the main symptoms were the epileptiform attacks, the fixed and persistent pain in the forehead, giddiness, with consequent sleeplessness, and intolerance of light. The patient, aged sixteen, was young for disease of this character. Of sixty cases of cerebral aneurism mentioned by Dr. Tanner,[1] including fifty-two cases collected by Dr. Brinton,[2] the average age was forty-one, the youngest patient being fourteen, the oldest sixty-five. It may be a question how far

[1] Practice of Medicine, sixth edition, vol. ii., p. 455.
[2] Transactions of the Pathological Society, vol. iii., p. 47. 1852.

the first attack, which took place in the street, and the second during his illness, may have been due to some oozing from the aneurismal sac. No trace or proof of this, however, was found after death. It is worthy of note that the fatal seizure due to the rupture took place, not during the excitement of a sensational play at the theatre, but between the acts—i.e., during physical exertion subsequent to the mental effort.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Congenital Malformation of Heart.—Paraplegia.—Disseminated Sarcoma.—Xanthoma Tuberosum.—Pigmentation of Uterus.—Empyema from Foreign Body.—Malformation of a Lamb.

THE ordinary meeting of this Society was held on Tuesday last, Dr. S. Wilks, in the chair. The report of the committee appointed at the last meeting to examine Dr. Norman Moore's specimen of deformity of the heart was read to the Society. The specimens shown by Dr. Kesteven and Dr. Hadden were referred to the Morbid Growths Committee. Dr. Malcolm Morris read a very complete account of a remarkable case of skin disease, his designation of which—xanthoma tuberosum—was not accepted by the other dermatologists present, who, however, did not suggest any other name for it. The case was referred to the committee which last year reported upon xanthelasma.

Dr. Pye-Smith read the report of the committee appointed to examine Dr. Norman Moore's specimen of narrowing of the left ventricle below the aortic valves. The committee could not decide whether it was congenital or acquired, but were of opinion that the fibrous ring was of later date than the formation of the aortic opening and septum ventriculorum, and of earlier origin than the aortic aneurism, and therefore they referred it to the later period of intra-uterine life.

Dr. KESTEVEN related a case of Paraplegia, caused by Traumatic Hæmatoma, in the Dorsal Region. In this case there had been some pre-existent disease, which had caused the spontaneous removal of the body of the seventh dorsal vertebra. About three months before death occurred the patient had received a blow on the back, which had caused some displacement at the diseased part and rupture of some bloodvessels, thus giving rise to an effusion of blood into the spinal canal, and consequent pressure on the cord. Some of the blood had also escaped anteriorly, forming a hard tumour in the posterior mediastinum, which had pushed forward the sympathetic ganglia and caused destruction of the rami communicantes of the seventh ganglion on each side. The heads of the seventh and eighth ribs on each side were also diseased. The narrator of the case gave an account of the symptoms produced, and pointed out the effects produced by the pressure on the cord, and by the damage caused to the sympathetic nervous system.—Mr. ROGER WILLIAMS said the case was interesting as an example of cure of spinal caries without suppuration. It showed, too, that paralysis was produced by the tumour pressing upon the spinal cord. He thought it might be also an example of what Sir James Paget had called "residual abscess."—Dr. HORROCKS observed that this was the first case on record in which ankle clonus had not been associated with degeneration of the lateral columns of the cord; although clonus had been present for a few seconds after a fit from temporary exhaustion of the lateral columns.—Mr. BUTLIN asked if the blood-clot had been examined microscopically, as it looked like a blood-cyst or hæmorrhagic sarcoma. There was no trace of suppuration, and the history pointed rather to a tumour than to hæmorrhage.—Dr. KESTEVEN replied that it had not been examined microscopically.—Dr. WILKS supposed Dr. Horrocks did not mean that the excess of spinal reflexes was directly produced by lateral sclerosis. He thought it was due to excitation of the grey nervous matter within the degenerated cord.

Dr. HADDEN described a case of Disseminated Sarcoma. The patient was a gentleman, aged thirty-eight, in St. Thomas's Home. Shortly before admission he had been operated on for fistula in ano. On admission, he was dull and drowsy; this increased; then œdema of the legs came on; the pulse became very small and frequent. Temperature reached only 101·2°. No optic neuritis, nor evidence of organic disease during life. He died comatose. Post-mortem: The pericardium on each surface was studded with small new growths; similar growths were seen in the muscular substance of the heart, parietal layer of pleura, both surfaces of diaphragm, omentum, mesentery, liver, and spleen. The right kidney was remarkable, the capsule was studded with numerous white masses of calcareous matter. Several small bodies like tubercles were seen on the arachnoid, which were found to be only thickenings of the membrane; no glands enlarged. The tumours were round-celled sarcomata. In the heart the cells were round; matrix amorphous, in some places alveolar. In the liver the growth was interlobular. Beneath the capsule of the right kidney was an extensive infiltration of round cells, which sank down between the tubules. The case during life was thought likely to be acute tuberculosis, and was also very interesting, as the symptoms were acute, lasting only a fortnight.—Dr. NORMAN MOORE asked if the new growth on the kidney was the same in character as that in the heart; and whether Dr. Hadden was sure the growths were sarcomatous. The indurations on the kidney were like those common on the liver. He thought that in the heart sarcomata were nearly invariably pigmented.—Mr. BUTLIN had examined these specimens carefully, and was not prepared to affirm that the growths were sarcoma growths if this would be in opposition to the general characters of the disease. It was extremely difficult to distinguish such round-celled sarcomata from tubercular deposits or other round-celled formations.—Dr. BEDFORD FENWICK remarked on the paroxysmal character of the pain associated with new growths in the heart.—Dr. HADDEN replied that the growth in the right kidney in the main resembled that elsewhere. He had never seen any growth quite like it, and he thought it unique. He did not know whether there was paroxysmal pain in the region of the heart.

Mr. MALCOLM MORRIS showed a living specimen of a very rare skin disease which he called Xanthoma Tuberosum. The patient was a married man, aged forty-eight, who was suffering from saccharine diabetes. There was no history of syphilis or rheumatism; no jaundice or evidence of disease of the liver. He complained of sleeping badly, and of dimness of sight with occasional mists before his eyes. There was distinct anæsthesia of the soles. Heart weak: reflexes normal. The eruption appeared suddenly, first on the outer side of the thigh, then spreading to the trunk, to between the fingers, and on the mucous membrane of the mouth. It consisted of small rounded firm pink tubercles, with depressed centres which had more of a fawn-colour in the centre. Many of the papules had disappeared since the case first come under his care. With the patient's consent he removed one of the growths and examined it microscopically. This showed small nodules in the corium, with a delicate fibrous intercellular matrix; towards the centre the fibrous tissue became more compact and firm. The superficial epithelial cells were normal. There was no connexion with any glandular structures, and the older papules contained no blood-vessels. In one place he found a collection of round cells about a vessel, and he suggested whether this might not be the real origin of the growths—the tissue ultimately contracting and so causing degeneration of the cells. This case differed from those of xanthelasma in many respects, chiefly in its association with diabetes and not with jaundice; the sudden onset of the rash, and its rather rapid disappearance, and in the fact that the eyelids were not implicated. But on the other hand it closely resembled two cases, one of which had been recorded by Drs. Gull and Addison, the other by Dr. Bristowe. The three cases were all in men; they all had diabetes, they all affected the same locality and avoided the same parts; in all the rash appeared suddenly, and gradually, but rather rapidly, disappeared. To these exceedingly rare cases the name of xanthoma tuberosum had been applied.—Mr. MORRANT BAKER said the case was of great rarity, but it differed so much from xanthelasma that he doubted whether it should have that name at all.—Dr. DUCKWORTH said that the case did not resemble xanthelasma and ought not to be called by that name. Its actual appearance did not justify the use of the term applied to it.—Dr. RADCLIFFE CROCKER said in xanthoma the nodules were always soft and yellow, but these were firm and not yellow. The rapid appearance and disappearance of the rash quite separated it from true

xanthoma. In xanthoma there were, also, stellate fat cells and oil globules.—Dr. MORRIS said the rash was chamois-leather coloured in the centre and pink in the centre. There was an absence of the oil globules in ordinary xanthelasma; microscopically it was more like keloid or fibroma, but it was exactly like the cases described early by Drs. Addison and Gull as xanthoma tuberosum. The case was referred to the Committee appointed last year to investigate xanthelasma.—Dr. MORRISON compared this rash with the eruption common in gout, and said it was also similar to molluscum. He thought in all such cases the parts affected first were the hair-follicles and sebaceous glands.

Dr. ROBERT BARNES showed a specimen of Pigmentation of the Cervix Uteri. It consisted of the vaginal portion of a uterus affected with hypertrophy, and which projected from the vulva. It was pigmented on the surface. The patient was a Hindoo. The parts not exposed were of the normal rose colour. Dr. Ewart had examined the part microscopically, and found the pigmented surface to have the leading characteristics of healthy skin; the horny layer was thin; rete Malpighii well furnished with closely-packed cells, like those of the skin; the deep vertical cells were deeply pigmented; papillæ projected forwards into the epithelium, and contained vessels of new formation. In the unpigmented part the corium was absent, the rete abutting upon the firm muscular tissue of the uterus. The pigment consisted of fine granules, and was present in the nuclei of the cells. There was thus evidence of a further change than one of dying of the exposed surface of mucous membranes. It was new to him, but probably familiar to practitioners in India.—Dr. WILKS said that pigmentation was a very difficult subject, for in some cases it was due to local causes, and in others to deep constitutional changes, as in Addison's disease. Professor Laycock thought that the pigmentation of the face was always associated with disease of the genital organs.

Dr. NORMAN MOORE read a paper on Lung with Impacted Foreign Body. The right lung of a child, aged twelve, who died of typhoid fever. The lung is partly collapsed, and in its lowest lobe are several reddened patches. In one of these, near the pleural surface, was fixed a spicule of bone three-quarters of an inch long. The spicule, which looks like the neural spine of a fish vertebra, had one end in a minute bronchus, the wall of which it had penetrated. Four years ago the child was suddenly seized with pleurisy. It was tapped in St. Bartholomew's Hospital, pus was let out, and as the wound continued to discharge a drainage-tube was put in. The child attended with this as an out-patient, and at length the wound was closed. The scar was distinct. The lung was firmly adherent to the chest-wall. The spicule of bone passing deep into the lung probably set up pneumonia, which was followed by the empyema four years ago. The empyema was emptied, and the bone remained, a very exceptional circumstance. The typhoid fever, of which the girl died, was remarkable in the large extent of intestine affected, and in the fact that the middle part of the vermiform appendix was externally tumid and internally ulcerated all round. Perforation of the vermiform appendix had occasionally been a cause of death in typhoid fever, and had been thought a condition preceding the fever. In this case, and in another post-mortem which he had lately made, the ulceration of the vermiform appendix was clearly one of the results of the typhoid fever. A further point of interest was that in the middle of the epiglottis there was a small ulcer.—Dr. GOODHART said that foreign bodies more commonly caused lung disease than was generally suspected; he had made two autopsies quite close together of cases of obscure lung disease, in each of which he discovered the cause of the mischief in a foreign body.—Dr. MACLAGAN said that in cases of foreign body in the lung there was fetid expectoration of a peculiar odour. Dr. Begbie had particularly pointed this out, and had been able to diagnose the source of a troublesome cough and expectoration by this means; he also found that turpentine given internally removed the fetor, and rendered the patient more comfortable.—Dr. SHARKEY said that it was not necessary to suppose that the foreign body had actually passed through the lung, and so caused the pleurisy, for in cases of obstruction of a bronchus by an aneurism, lobular pneumonia and pleurisy were often met with. He had under his care a patient with a tooth in a bronchus, causing partial obstruction, and he got an attack of pleurisy, although the tooth was still in the bronchus.

Mr. EVE showed a specimen of Malformation of a Lamb. All the parts developed from the first visceral arch were absent on one side; the superior and inferior maxillary bones and palate bones were absent; the temporal bone was dwarfed, and there was no trace of the ossicles of the ear. The brain and cranial nerves were normal, except that the fifth and ninth nerves were smaller on the right (the deformed) side. He had not been able to examine the arteries. He could not find any similar case, although absence of the lower jaw was tolerably common in lambs. Possibly, the cause of the deformity was some vascular lesion, as thrombosis of the internal maxillary artery.

The following card-specimens were shown:—Congenital Malformation of Skull, by Mr. F. Treves; Double Hydro-salpinx, by Dr. Norman Moore.

CAMBRIDGE MEDICAL SOCIETY.

AT the meeting on Oct. 6th, 1882, Professor Humphry, President, in the chair,

Mr. WHERRY related a case of Complete Inversion of the Uterus. The patient was a woman who had been delivered two days previously of a healthy male child, which was born rather suddenly and with a short thick cord. She was given twenty minims of liquid extract of ergot after delivery, and shortly after this had a pain, and there was protruded from the vagina what at first appeared like the head of another child, but which proved to be the inverted uterus, with the placenta adherent. There was not much hæmorrhage. The medical attendant detached the placenta and endeavoured to replace the uterus by his hand, but he was obliged to desist, owing to the great softness of the uterine walls and the collapsed condition of the patient. Two days later, when called in, Mr. Wherry found the uterus completely inverted. Ether was administered, but it was quite impossible, owing to the doughy softness of the fundus, to replace the uterus with the unaided hand. Accordingly a large rubber drainage-tube was inflated to about the size of an egg at one end and ligatured. The hand, in the form of a cone, was passed into the vagina, and the finger tips, pressed against this air pad, were in no danger of lacerating the walls of the uterus. Half an hour's pressure, first with one hand and then with the other, against the most prominent part of the fundus, at length reduced the uterus, leaving the dilated tube in the cavity. The string was then cut and the collapsed tube withdrawn. The replacement was not by a jerk, but gradual, and to be compared to the relief of a paraphimosis; it was evidently effected by squeezing fluid out of the œdematous tissues of the uterus. The patient, after three days of fever and pain in the body, made an excellent recovery.—Dr. INGLE said that complete inversion of the uterus must be a rare occurrence if the figures given in some text-books were correct. Braun states that of 150,000 births in the clinics respectively under the charge of Spaeth and himself, not a single complete inversion had come under their notice. There was one case in 190,000 confinements at the Rotunda; but much doubt has been thrown on these statements by later writers. He had not seen a case of complete inversion, but remembered one of partial, in which the patient died very quickly from hæmorrhage. Might not such an accident arise from a mal-condition of the walls of the uterus brought on by constitutional disease; by previous imperfect involution; or from irregular contractions; the normal rhythmical movements of the muscular coat being interrupted from either of the above causes? Would not restoration be better effected by the free use of chloroform before an attempt at replacement? It had been shown by Dr. Hewitt how more or less inversion may occur days after labour from incautious exertion. Is it not likely that partial inversion takes place much oftener than is supposed, but is altogether overlooked, leading to grave subsequent interruptions of the monthly health?

Mr. T. LUCAS (Cambridge) produced a specimen of Membranous Cystitis from the bladder of a woman he had attended for this condition. The patient was twenty-eight, and was delivered of her third child in 1881. She had phlegmasia dolens after the birth of her second child. On the ninth day after her last confinement she had pain over the hypogastric region and retention of urine. In a few days she had feverish symptoms and a temperature of 103°, pain in the left groin, followed by swelling of the left thigh and leg. The use of the catheter was required for twelve days, after which time the leg was well. The urine contained mucus and albumen. Ten days later there was complete and sudden reten-

tion of urine, and on passing the catheter an obstruction was met with which proved to be a piece of membrane blocking the urethra. This was withdrawn in pieces, and then a quantity of ropy urine escaped through the catheter. A few days later a piece of membrane about six inches by four was removed, and subsequently another piece, ten by twelve inches, came away. Ten days later the woman had entirely recovered. The membrane consisted of a fibrillated network, in the meshes of which were enclosed leucocytes, granular matter, and crystals of phosphate of lime, and seemed to be a cast of the mucous surface of the bladder.—Dr. HUMPHRY said he had, in the case of a young woman, dilated the urethra with his finger and removed a large amount of mucous membrane covered with phosphatic deposit; and observed that the mucous membrane of the bladder had hardly any secretion and very little glandular substance. In cases where the whole mucous membrane sloughed off it seemed due to a process called by Leuchars necrosis of the membrane.

Dr. W. A. SMITH (Newport) related a case of Lateral Sclerosis. The patient, a man, aged forty-four, eighteen years previously had sprained his back by lifting a heavy weight, and had for the last two years been getting more feeble and stiff in his back, and had pains in his legs. He was removed to St. Walden Hospital, and while there the chief symptoms were general rigidity of back and legs, excessive knee-jerk and ankle clonus, slightly impaired sensation, especially in left leg, and considerable wasting, also deep-seated tenderness at lower part of spine on pressure, and pain extending to the groin. There was also a general shaky condition of head and lips, and fibrillary twitchings and stiffness about muscles of the neck. He was treated with iodide of potassium, blisters, and actual cautery. Dr. Smith considered the case one of lateral sclerosis, with very slight, if any, disease in the posterior columns, and that the stiffness of the muscles of the head and neck might possibly point to some patches of sclerosis high up in the cord. He discarded the notion that there might be any deep-seated caries, but thought these pains might be due to pachymeningitis of the cord. This, too, would satisfactorily explain the lateral sclerosis, because primary sclerosis is very rare, the disorganisation usually following a focal lesion as a focal myelitis.—Dr. BRADBURY mentioned a case he had treated in hospital, and which had rapidly mended under the use of iodide of iron and the battery, after the failure of other remedies, and another case in which ankle clonus and knee-jerk had existed and in which iodide of potassium had failed, but which had, after two months, nearly recovered under the use of syrup of the iodide of iron and quinine.—Dr. PAGET referred to a case under his care where spinal disease occurred in a man accustomed to violent exercise in cricket, skating, &c.

Dr. BRADBURY narrated a case of Cerebellar Tumour. The patient was twenty-two years of age, had never had syphilis, and there was no history of injury or fits. He had been subject for years to neuralgia in face and forehead, and for a month, before coming under Dr. Bradbury's care, to neuralgic pain on the top of the head and the occipital region. Sleep was disturbed, and the pain had exacerbations every few minutes, always increased at night. Had vomited at first, but that abated. There was an expression of suffering in the face (in May), pain in occipital region, but no signs of disease in the thoracic or abdominal organs, and the optic discs were normal. In June he had had considerable relief from pain and had taken belladonna and quinine, and afterwards iodide of potassium. During the next month he had occasional sickness and pain varied in amount. In July he lost control over his rectum, but not over the bladder. He was unable to walk without help, but when assisted took short hesitating strides with some tremor of legs. Gait unaltered when eyes shut; has had no tendency to bear to one side more than the other in walking. Sensation unaffected. Patellar reflex slightly exaggerated. No ankle clonus. In August there was no vomiting or diarrhœa, but a good deal of headache, though there was progressive weakness and emaciation. On September 9th he died rather suddenly, after having got steadily weaker. The pain had diminished and he had been getting drowsy, and had lately lost the control of his sphincters. The autopsy revealed a tumour in the right hemisphere of the cerebellum, as large as a hazel nut, consisting of a white cheesy mass of irregular shape, surrounded by softened cerebellar structure of a reddish colour with a few hæmorrhagic spots. The rest of the lobe was softened and altered. In the left lung was a small cavity at the apex, surrounded by caseous tubercles, and there were miliary tubercles scattered in the lower lobes of both lungs. Dr. Bradbury remarked that in this case two of the symptoms of an intracranial growth were present at an early stage—viz., vomiting and cephalalgia; another symptom, double optic neuritis, was absent throughout, as sometimes happens in cases of even large intracranial tumours. As there was no optic neuritis or atrophy, so the sight was not affected. The diagnosis of cerebellar tumour was based on the seat of pain, which was chiefly occipital, and the peculiar gait of the patient, which was like that of a drunken man—a swaying of the trunk during progression from front to back and from side to side. This has been called the "cerebellar reel." Vertigo was not a prominent symptom. During the latter part of his illness the patient lay in a peculiar apathetic condition, but answered questions on being roused. There was no complaint of stiffness about the back of the neck. The patellar tendon-reflex was slightly exaggerated. The presence of tubercles in the lungs showed the cerebellar tumour to be of a tuberculous nature.

MIDLAND MEDICAL SOCIETY.

THE first ordinary meeting of this Society was held in the Birmingham Medical Institute on October 25th, Dr. Malins, president, in the chair.

Mr. FURNEAUX JORDAN exhibited a specimen of a Suppurating Node, situated on the upper portion of the diaphysis of the tibia. The child was the subject of inherited syphilis, and its general condition was such as to necessitate removal of the affected limb above the condyles. The subsequent recovery was rapid.—Mr. CHAVASSE thought that the bone disease of inherited syphilis originated in the medulla of the diaphysis, as suggested by Waldeyer, and was not an osteo-condritis commencing in the cartilage.

Dr. MALINS showed a new form of Uterine Sound of ingenious construction.

Mr. CHAVASSE exhibited a specimen extracted by lateral lithotomy from the bladder of a man forty-seven years of age. It consisted of three inches of solid indiarubber tubing thickly coated with phosphates. The patient had introduced the tubing to relieve himself of scalding during micturition.

Mr. E. L. FREER showed a portion of the Cranial Vertex, about two inches square, devoid both of aponeurosis and dura mater, which had been blown off a boy's head by the bursting of a small pistol. The weapon contained neither bullet nor foreign body. Death was instantaneous.

Mr. FURNEAUX JORDAN gave the details of three cases of Gunshot Injury to the head, in which recovery took place with retention of the bullets. The first was that of a man who shot a woman through the ear, and afterwards himself, with a fatal result. The bullet entered the woman's external auditory meatus, and passed into the petrous portion of the temporal bone. With difficulty a portion of the bullet was extracted by one of the three surgeons who met in consultation, but it was deemed advisable to make no attempt to interfere with the remaining part. The patient made a perfect recovery. The second case was that of a middle-aged clergyman and magistrate, seen in association with Mr. Walker of Upper Gornal, who was deliberately fired at three times. The first bullet entered behind and above the right mastoid process and penetrated to the interior of the cranial cavity, as evidenced by an escape of cerebral matter through the wound. The second bullet entered the mouth, passing upwards and perforating the hard palate. The third bullet entered the side of the neck, and probably lodged in the body of one of the cervical vertebræ. On receipt of the injury the patient did not fall, although a certain amount of shock resulted. When examined by Mr. Jordan the wounds were dry and covered with blood-clot, so no attempt was made to dislodge the bullets. With care and quietude a complete recovery resulted, and now, after three years, a hard substance can be felt along the floor of the right orbit. This is considered to be the second bullet, which has worked its way into the orbital cavity, where it gives rise to no inconvenience. The third case was that of a gentleman who was seen in consultation two days after an attempt had been made at suicide. The pistol had been pointed just above the right zygomatic arch, and the bullet had probably passed towards, and fractured, the roof of the right orbit. The brain matter was found

outside the wound. There was complete unconsciousness and an enormous sanguineous extravasation around the orbit. The aperture of the bullet was small and covered with a dry blood-clot. Expectant treatment was adopted; consciousness gradually returned. The extravasation subsided, and ultimately recovery took place. Mr. Jordan agreed with the general rule that no attempt should be made to extract bullets which had perforated any of the great cavities of the body unless they can be easily and certainly reached, the retention of the bullets giving the patient a far better chance of life than that afforded by strong or prolonged efforts to extract them. To trephine in such cranial injuries was held to be a dangerous expedient. If ever needed it should be only with full Listerian precautions. If any foreign body is driven into the wound the prognosis is rendered more grave, but pieces of bone were not regarded as such a bad complication as were portions of clothing.—In the discussion which followed, Mr. GREENE gave an account of an attempted suicide in which the bullet was found quite flattened out, lying in contact with the parietal bone.—Mr. EALES narrated the case of a man, aged sixty, who, in the dissecting-room at Queen's College, was found to have a bullet encysted in the mastoid process, and impinging upon the lateral sinus. On inquiry it was found that the man was an old soldier who had served in the Crimea and also in the Indian Mutiny. The wound had been received many years before death.—Mr. PRIESTLEY SMITH, who had had charge of a hospital in the Franco-German War, and many hundred cases of bullet wounds, did not see or hear of any instance recurring in which the cavity of the skull had been opened. Such patients generally died before they could be sent back from the front.—Mr. Freer, Mr. Bennett May, Mr. Jordan Lloyd, and Mr. Harman also made remarks upon the paper.

Dr. SAUNDBY read a paper on the Treatment of Epilepsy, in which the following points were insisted on:—1st. The value of combining the bromides of potassium, sodium, and ammonium, as recommended by Professor Brown-Séquard. 2nd. The advantage of adding tincture of digitalis and sometimes theine to the mixture to counteract the depressing influence of the bromides. 3rd. The utility of zinc as an adjuvant in the treatment. 4th. The successful use of borax in some cases of obstinate epilepsy, of which two illustrative cases were given. 5th. The value of theine or caffeine and nitro-glycerine in the treatment of epileptic vertigo.—In the discussion which followed the paper, Mr. R. Smith, Dr. John Greene, Mr. J. H. Palmer, Mr. Lloyd, Dr. Robinson, Mr. Eales, and Mr. Chavasse took part.

Reviews and Notices of Books.

Clinical Lectures on Diseases of the Heart and Aorta. By GEORGE WILLIAM BALFOUR, M.D. Second Edition. London: J. and A. Churchill. 1882.—Those who made the acquaintance of this work on its first appearance will not be surprised at the publication of a second edition, for few works of its class have been so favourably received. The great merit of the book was its thoroughness and the ability with which its author grappled with the problems of cardiac physiology in their application to the results of clinical experience. He did this in a manner which showed how deeply he had pondered the subject, and his book revealed to many a large field of observation and inference previously too much neglected. It speaks well for the pursuit of scientific medicine that we should have occasion to welcome a second edition of a work of this kind within so short a time. Amongst the contributions made by the author to therapeutics is his insistance upon the value of digitalis in aortic regurgitation, and he points out that there is no fear of any cumulative effect if the dose given be small, whilst with a continued flow of urine no ill results may be anticipated. He far prefers arsenic to iron in combination with digitalis. Another point upon which the author insists is that the presystolic, or rather the auricular systolic, murmur is the only bruit really distinctive of disease of the mitral valve. As a means of timing the murmur he prefers the carotid pulse; and his explanation of the characters of the bruit is exact and sufficient. He notes also its tendency to disappear, and also describes other murmurs—e.g., diastolic and a systolic in the pulmonary area—as occasionally produced by mitral stenosis. The significance of the irregularity of the pulse in mitral disease is indicated. All the points he raises receive ample illustration in the very carefully recorded cases with which the text abounds. The lecture headed "Curable Mitral Regurgitation" refers to the conditions present in cases of chlorosis, chorea, and fevers—conditions mostly referable to ventricular weakness. Dr. Balfour's views on the chlorotic murmur are well known, and his arguments in favour of its production in the auricular appendix rather than in the pulmonary artery, although much criticised, certainly afford a sufficient explanation of a difficult subject. There are lectures also upon murmurs in the pulmonary areas, and on variation and vanishing of cardiac murmurs, full of instructive and important matter. As to neurosal affections, we note that he refers "cramp" to a fatal inhibition of the heart; and that he prefers in anginal diseases the inhalation of nitrite of amyl to the exhibition of nitro-glycerine. A lecture is also devoted to the action of digitalis and the therapeutics of cardiac disease. The author is strongly of opinion that digitalis is to be regarded as a cardiac stimulant, and he does not think that fatty degeneration contra-indicates its employment. Among tonics he speaks of strychnia, arsenic, and iron as the most useful, and he wisely insists on the importance of rest. The present volume contains additional matter in the lectures dealing with aneurism, and a reiterated statement of his belief in the value of treatment by iodide of potassium. On all these matters we must refer our readers to the work itself; it should not only be read but carefully studied, for we venture to think that all who do so will be amply repaid for their pains. They will not only gain a large amount of useful information, but will be led to think far more deeply of the changes, structural and functional, that the heart undergoes in adapting itself to the proper performance of its functions under the strained and altered conditions imposed by valvular disease. The result will be that, under the inspiration of the author, they will approach each case of cardiac disorder with a more profound interest, knowing what physiological problems underlie it.

The Transactions of the Edinburgh Obstetrical Society. Vol. VI.—The Edinburgh Society has this year for the first time published the work of one session in a separate volume. It is stated in the preface that this has been thought advisable by reason of the "greater bulk of its proceedings, during the past and present sessions, as compared with previous years." We heartily congratulate the Society on this step, for the volume represents an amount of work that would do credit to a much larger society than the Obstetrical Society of Edinburgh. The volume contains quarterly reports of the Royal Maternity and Simpson Memorial Hospital, but we will postpone our consideration of these to another occasion. Of the more interesting and valuable papers in the volume we would mention Dr. Hart's on the Shape of the Female Bladder; Dr. Macdonald's on Chronic Inversion of the Uterus; Dr. Napier's on Puerperal Temperatures; Dr. Halliday Croom's on a Complication of Occipito-posterior Position of the Vertex; and Dr. Turner's on Delivery by the Breech through a Flat Rachitic Pelvis. It is somewhat inconvenient to find a discussion in the present volume of a paper which we are told will appear in the next volume of Transactions; and we do not see the object of publishing in the Transactions of the Society a brief account of the diagnosis and treatment of ovarian tumours, a subject which is better and more fully treated in works on diseases of women, as well as in special treatises on ovarian diseases.

Transactions of the American Gynæcological Society. Vol. VI.—The present volume of Transactions is perhaps

the best hitherto issued by the Society; it is, indeed, if we take it as a whole, a very valuable contribution to obstetric and gynæcological literature. The paper of Garrigues on Exploratory Puncture of the Abdomen is an excellent piece of work. It is based on a large number of observations made by himself, and the discussion of the material shows an extensive acquaintance with the literature of the subject. There is a long paper by Dr. Bozeman on the Treatment of Fistulæ of the Vagina, an interesting article by Goodell on Bursting Cysts of the Abdominal Cavity, one by Gaillard Thomas on Expansion of the Bladder over the Surface of Abdominal Tumours as a Complication of Laparotomy, and an interesting paper by Dr. Underhill on Jaundice in Pregnancy, with cases. The volume contains several papers a great part of which is historical. There is a tendency nowadays to commence papers by reviewing the past, and this in many cases is interesting and quite justifiable; at the same time, we think this is frequently overdone, and contributions would be far more valuable, far more interesting, and less wearying, were their authors to present their observations in as brief a form as possible, without the encumbrance of the usual historical introduction. There is a paper in the volume before us, of nearly fifty pages, on the Practice of Gynæcology in Ancient Times, which consists merely of extracts from ancient authors, showing their notions of the diseases of women and their modes of treatment. Interesting as the past must always be to men of culture, yet we fail to see that the Transactions of the Gynæcological Society is the place for such an abstract as the one before us, and we cannot see any reason for its publication in the volume.

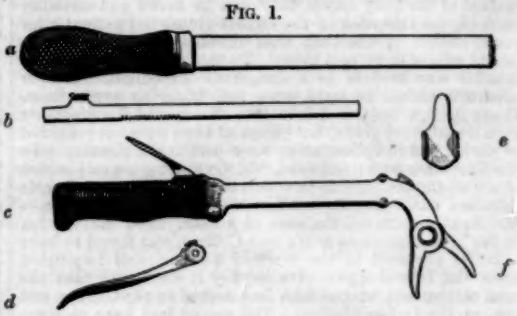
Skizzen aus der Chirurgischen Klinik des Herrn Professor Dr. Ritter von Nussbaum. Von Dr. ISENSCHNEID. Erste Heft. Sommer, 1881. München: F. A. Finsterlin. 1882.—Dr. Isenschneid tells us in his preface that he has not made any attempt to give a detailed account of cases under Nussbaum's care, but has endeavoured to pick out those points of practice which had impressed him, and which would be likely to be of service to general surgeons. He accordingly gives brief, but careful, sketches of forty-eight cases which he saw treated in June and July of last year. The cases vary in severity from hypertrophy of the tonsils and retention of urine to excision of the jaw and laparotomy. They are recorded without elaborate detail, but by a competent observer who has grasped one or more points in them, and succeeds in presenting those points clearly. The sketches are very interesting, and full of practical instruction, and we are glad that Dr. Isenschneid promises a second instalment, double the size, in the course of the year. This second part will contain sketches of cases treated in the winter session 1881–82.

New Inventions.

A NEW OSTEOTOME, AND ELEVATORS.

THE Osteotome figured in the diagrams below is the invention of Mr. B. Campbell Gowan, a student at Guy's Hospital, who, it is almost needless to say, has devoted considerable time to the pursuit of practical mechanics before entering the medical profession. The instrument consists of two main parts. The first is a forceps (Fig. 1, *c*) with jaws working in a plane at right angles to the long powerful handle. With this the bone to be sawn is held. To render the hold on the bone secure, a thrust-rod (*b*) runs in the upper part of the handle, and its end presses upon and actuates the male or distal jaw of the forceps (*f*). On the upper edge of this rod is a thumb-piece, and on its lower edge it is toothed and is brought into gear with teeth on the pinion of a lever (*d*), which is fitted on below the handle. When the jaws of the forceps grasp the bone, the rod is thrust forwards with the thumb, and then by raising the lever (*d*) in the palm of the hand, the thrust-rod is fixed and pressed still further home, and the jaws of the forceps thus made to grasp the bone immovably. The second part of the instrument consists of a long saw-blade and handle (*a*). The teeth are cut on the end of this blade, are double, and have a slightly forward direction. This is fixed on to the forceps by a pivot-slide (*e*), which has a pin on its back (not shown in the diagram),

FIG. 1.



which passes through a bush in the centre of the jaws, and keys the saw on to the forceps. On the front of the pivot-slide are lip-flanges, and the sides of the saw-blade fit accurately into them. With the forceps fixed on to the bone in the desired position and plane, the saw-blade is slipped down into this pivot-slide, and on until its teeth rest upon the bone. The saw is then at right angles to the handle of the forceps, and parallel with the blades, as shown in Fig. 2.

FIG. 2.

The surgeon grasps the forceps tightly in one hand, and works the handle of the saw to and fro in the only plane in which movement is free—viz., parallel to the sides of the jaws,—and the bone is rapidly and accurately sawn across. The instrument has been used at Guy's Hospital, and found to answer well. Its advantages are the firm hold on the bone, and the ease and rapidity with which a true section of a bone can be made without injury to the soft parts.

Mr. Gowan has also devised Elevators for operations upon bones. They are so shaped as to be easily passed beneath a bone, one on each side, and their curved ends fit into each other. When in this position, by depressing the handles, the bone lying on the other ends is at once pressed up into the wound.

The above instruments, which promise to be of considerable value, are made by Mr. Hawksley, of Oxford-street.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 11, 1882.

AN official communication has been received by our Solicitors from the Solicitors to the Corporation of Brighton. It runs as follows:—"We are instructed by our clients to request you to convey to Dr. WAKLEY their appreciation of the fair spirit which has prompted him to insert the whole of Dr. RICHARDSON'S Report in your issue of the 4th inst., at what we know must have been a very considerable expense and occasioned him some inconvenience. We are instructed to take no further steps in the action."

The Mayor and Corporation of Brighton have, therefore, abandoned the proceedings which they impetuously commenced against THE LANCET for its critical remarks on the insanitary condition of the sewers and sewerage of that town. They have acted wisely. We printed Dr. RICHARDSON'S "Report" simply because it seemed fair to the Corporation of Brighton to do so, and because the admissions and recommendations of Dr. RICHARDSON—as was the case with the admissions and recommendations made by Sir JOSEPH BAZALGETTE, the other authority consulted by the Corporation—supplied a full justification of our original and subsequent remarks and suggestions. Neither of these gentlemen has, in our judgment, hit on the right plan of amendment, but both acknowledge—Dr. RICHARDSON emphatically—that the ventilation of the sewers must be (to use his own adjective) "enormously" increased. In short, Dr. RICHARDSON and Sir JOSEPH BAZALGETTE agree in recognising that during a considerable portion of each twenty-four hours "the intercepting sewer" is tide-locked; and while the one would stud the town with air-shafts, "not less than four inches in diameter," the other would throw open the sewers "in at least twenty parts of the town," from man-hole to man-hole, covering the opening only with a grating; and both would rely on almost continuous pumping and flushing to get rid of the sewage. As we have said, neither of the recommendations made by the chosen advisers of the Corporation seems to us completely suitable or adequate; but it is not our function to solve the problem of local sanitation. We discharged our duty in pointing out the need that undoubtedly, and now admittedly, waits to be satisfied.

The Corporation having receded from a position which it ought never to have taken up, we can only wish the local authority well out of its difficulty. It was solely with a desire to help forward the reform which we knew, and what the people of Brighton now know, to be necessary that our criticisms were made. No consideration has ever yet deterred us from exposing what we believe to be remediable faults in the sanitation of any place of public resort, and nothing will induce us to abstain from an honest discharge of this function in the future. We were perfectly prepared to abide the issue of the proceedings which the Mayor and Corporation of Brighton unadvisedly instituted, because our only desire has been to help in the remedy of an evil to which we trust the sanitary authority will now direct its undivided attention. That evil *must* be remedied. Delay is to be deprecated, and if the Corporation of Brighton is well advised it will, as soon as its differences with the authorities at Hove are settled, reconsider the whole question, *de novo*, with a calmer spirit and in a clearer light. The problem of reconstruction is confessedly one of exceeding perplexity, looking to the many and costly schemes which have been submitted. Our own idea, as expressed at the outset, is that the most complete sanitary reform, though it may seem to involve the largest outlay at once, will be cheapest in the end. Of this question of policy we are not, however, the arbitrators. All we have said, and now repeat, is that the sanitary condition of Brighton is faulty, and that it calls for a remedy which the Corporation should not, and we hope and believe will not, further hesitate to apply.

WE were not wrong in indulging a hope that the Government would be questioned on the subject of the Royal Commission on Medical Acts. In our Parliamentary report of last week our readers will see the answer of Mr. MUNDELLA to Sir TREVOR LAWRENCE, which on the whole is satisfactory. The Report of the Medical Commission is at present under consideration, but the Department had not arrived at such a stage in their deliberations as to enable Mr. MUNDELLA to state what course they proposed to pursue. We must remember that this answer was given on the 2nd of November, and that we are yet fully three months from the time at which any actual legislation can be proposed. No doubt the present suspense and tension of all the medical bodies and of the whole army of medical students are great, and ought to be relieved. Nevertheless, we must give the Government time to consider and deliberate.

There are a few facts on the very surface of this subject which cannot be too deeply considered. The first is, that there is an universal feeling that we have too many examining bodies, and that if legislation is to be efficient we must get rid of some of them. Sir JAMES PAGET—as readers of the evidence will see—puts this fact in the most kindly and euphemistic way. Plied by Mr. HUXLEY with the difficulty that a conjoint system would give a new Parliamentary title to certain bodies which "it may not be very desirable to perpetuate," Sir JAMES said: "I think with some of them it would be, on the whole, an advantage if they ceased. I have often wished that there was a timely mortality amongst institutions as amongst men."

But it is not only English medical reformers who think that the time has come for allowing some of the medical corporations to "fall on sleep." Here, at least, we have the concurrence of some, if not all, of our Scotch friends. Professor TURNER may be accepted as their mouthpiece, and he is decidedly in favour of disfranchisement, or, as Sir JAMES humanely puts it, "the timely death," of a few of the entirely superfluous corporations. In the special Memorandum by Professor TURNER appended to the Report of the Royal Commissioners (page 29) the following paragraph occurs: "As regards the two Societies of Apothecaries, I am of opinion that their existence as licensing bodies is an anachronism, and that they should in future cease

to take part in conducting examinations for a licence to practise."

The only difference between Scotch and other reformers in this matter is that the Scotch see their way clearly to drop an English and an Irish corporation, but cling to the hope of saving the superfluous one in Scotland from that timely death so feelingly desiderated by Sir JAMES for institutions that have obviously no further *raison d'être*, and can only be perpetuated by what is virtually a tax on the medical profession. It is surely an excess of patriotism to shield a superfluous corporation in a division of the kingdom with three corporations to four millions of people, while you are sacrificing one in another division where there are only three to twenty-five millions. Scotch liberalism will not make such a mistake in fairness and thoroughness.

The second fact is that there is an universal feeling in favour of a complete qualification diploma being given instead of the *half diplomas* which are now dispensed; that the diploma-granting bodies shall be reduced to three—one for each division of the kingdom; and that the curriculum, examinations, and fees of these Boards shall be as equal as in the nature of things it is possible for them to be. It is time that the mutual disparagement of licensing bodies should cease, and that men who hold their licence from a college in Edinburgh should not be taunted with holding an inferior document by those who hold their diploma from a college in London or Dublin. The legal privileges conferred by diplomas are the same in each division of the kingdom; so should be the knowledge guaranteed by their diplomas.

To this end the creation of a new Medical Council is indispensable—one in which Corporations shall cease to be individually represented. It would be monstrous that while being deprived of their individual licensing power, they should retain an individual representation on the Medical Council. The grouping of the undisfranchised corporations for examining purposes will necessarily carry their grouping for purposes of representation, as recommended by the Royal Commissioners. This will make room for another recommendation of the Commissioners, in regard to which the profession and the public seem unanimous, that the medical profession, apart from its cliques and corporations, should have a certain number of representatives. The public will not believe, with Mr. SIMON, that all these representatives will care about will be questions of pecuniary and professional advantage. Such a suggestion is little short of an insult to the profession, and comes with bad grace from Mr. SIMON. As experienced practitioners they will take their share in debating practical questions of medical education which have been very little advanced by the Medical Council.

UNDER the heading "Mansions of Death," a title somewhat vivid perhaps, but still not more so, we fear, than the circumstances fully justify, Mr. W. K. BURTON, a consulting engineer, addresses himself to the daily press, with a view of drawing public attention to the grave sanitary defects which characterise a large proportion of London houses. The story he tells as to the condition of houses in the neighbourhood of Mayfair, as regards their drainage, would hardly need to be altered if it were told of nine-tenths of the area of the metropolis, and it is probable that in one respect only do the modern houses materially differ from those which have for several generations constituted the fashionable districts of London. This difference lies in the brick barrel drain, so often an elongated cesspool, which has within recent years been replaced by the use of ill-laid, ill-jointed, and hence leaky glazed pipes. Owing to the faulty manner in which London houses are grouped together, it is almost everywhere a matter of necessity that their drains should be carried beneath them in order to reach the sewer, and the various offices from which waste and other drain-pipes pass are often, sometimes through ignorance, but still more frequently from motives of architectural economy, so situated as to make it most easy to connect those pipes directly with the drain in the course of its passage beneath the dwelling. In every large and well-appointed house it thus comes to pass that several soil-pipes, a number of waste-pipes from housemaids' sinks, butlers' pantries, baths and lavatories, in addition to overflow pipes from some three or four cisterns, all connect the interior of the house with the interior of the drain; and the latter being rarely provided with a sufficient trap in its course to the public sewer, the house and the sewer itself come to be in direct communication with each other. The mansion, too, is far worse off than the cottage, for the larger the establishment the more numerous will be the pipes by which foul air is thus laid on from sewer to house. It is true that most of the drain connexions referred to are provided with some form of trap, but it is well known that even the most perfectly designed apparatus cannot be trusted to keep back noxious effluvia from the sewer, especially when there is a marked difference between the temperature on the house side and that on the sewer side of the trap. Hence we cannot too emphatically protest against the prevailing and misplaced faith in the power of traps to keep sewer-air out of houses. Between the interior of the house and the interior of the drain there should at every point be an absolute air-break; and traps, though serving useful purposes in connexion with waste and other pipes, should never be relied on to prevent the passage of drain-air, except at such drain inlets as are out of doors. The house-drain itself should be bedded in concrete, and otherwise rendered impervious to the passage of either foul air or sewage into the surrounding soil; it should be fitted with a syphon trap before its junction with the sewer, and it should be provided with two ventilating openings at different levels, so as to secure throughout its course a never-ceasing current of fresh air. The neglect of these precautions, so simple in themselves, and yet of such vital importance, is but too often a cause of unnecessary death, and still more frequently of conditions of ill-health, the removal of which is beyond the range of therapeutics. Families who take highly-rented mansions and houses for a London season soon find themselves suffering from malaise, headache, physical prostration, sore-throat, and other obscure symptoms, which are rarely attributed to their proper cause, but are almost invariably set down as the natural incidents of a life of exceptional gaiety, to late hours, and to a change of air; and it is only when some serious and often fatal attack of diphtheria or enteric fever results from the inhalation of the poisoned air, that the real cause of the evil is suspected. Too often it is even then most difficult to prove the relation between cause and effect. Houses, the air of which is hardly ever free from contamination, may yet never have

been the seat of really offensive effluvia, and it cannot be too widely known that offensiveness is by no means a necessary characteristic of those specially dangerous emanation which carry with them the poisons of the specific fevers The more offensive gases are readily absorbed by the water-trapping, whereas particles of infection may pass into the air of the dwelling from the evaporating surface of the trap.

Nothing short of such structural arrangements as will with certainty ensure the exclusion of all sewer and drain air from dwellings can be regarded as sufficing for the protection of the public against the needless risk which they now run in houses, whether old or modern. In London the risk is perhaps at its greatest, and this because modern regulations as to building operations are much more readily adopted in country towns and boroughs, where the sanitary jurisdiction is in the hands of a single authority, than in the metropolis, with its divided rule and divided responsibility. But still London does not stand alone in this matter; the evil is widely spread. Indeed, it is at this season of the year especially that we learn most of disease and death brought about by similar faults in the sanitary arrangements of places which, by the very fact that they offer themselves as health-resorts, should be the first to eliminate from their midst conditions of house-construction so fraught with danger to life and health

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THE letter on the Report of the Royal Commission on Infectious Hospitals which has been addressed to us by Mr. PEARSON HILL, and which we publish elsewhere, raises a question of considerable importance in connexion with the future isolation arrangements for the metropolis. The Commissioners propose to set a limit to the number of small-pox patients to be aggregated on any one site; but, except in so far as a similar end may be arrived at by the division of London into hospital districts, each district to isolate its own cases of infectious disease, no such limitation is proposed as regards scarlet fever and the continued fevers. The ground for dealing differently with the two groups of diseases is, that in the one case—namely, small-pox—the aggregation of patients is known to have been followed by the spread of infection to the surrounding community; and in the other—namely, the remainder of the specific fevers—no such result has been recorded, and this in spite of the fact that thirty-two medical men having special acquaintance with the subject under consideration gave evidence before the Commission. Some positive evidence to the contrary was indeed adduced; especially that relating to the influence of the London Fever and the Warrington Borough Hospitals on the neighbourhoods in which they are situated. But this evidence, which is detailed in the recent official Report on the Use and Influence of Hospitals for Infectious Diseases, cannot, in some important respects, be regarded as sufficient to determine finally the question as affecting the hospitals belonging to the Metropolitan Asylums Board. Thus, taking the question of the isolation of scarlet fever, we find that in neither instance did the number of patients under isolation at any one time reach that which the Asylums Board hospitals are intended to receive; the highest numbers attained being at the London Fever Hospital, where a total of 103 scarlet fever patients were simultaneously under treatment in 1875, and a total of 108 in 1879. The matter is somewhat different with regard to typhus and relapsing fever. Thus, in 1864 there were 168, and in 1865 there were 163 cases of typhus, and in 1869 there were 250 cases of relapsing fever, at one and the same time in the hospital; and notwithstanding the fact that the buildings are somewhat closely surrounded by dwellings, no case of the spread of either disease could be learned as the result of two inquiries. Taking scarlet fever, relapsing fever, and the several continued fevers together, the numbers simultaneously under treatment in the London Fever Hospital have been much larger. Thus, according to a table prepared by Mr. SHIRLEY MURPHY, it appears that on the last day of thirty-six months during the nine years 1862–70 the total number of such patients then in hospital varied from 200 to nearly 400, the highest totals reached being 369 on one occasion and 391 on another. But the fact that the patients in question, though in the aggregate numerous, suffered from different diseases, and were in consequence centres not of one but of several different specific infections, prevents any comparison being drawn between the results of their simultaneous treatment in one institution and the possible practice of large fever hospitals in the future. The fact remains that we have no sufficient evidence to show whether the aggregation of cases of scarlet fever and the other fevers beyond a certain point can be attended by results similar to those which followed on the simultaneous treatment of a considerable number of acute cases of small-pox at Fulham, and it is obvious that nothing short of an inquiry as minute and as painstaking as that which was made by Mr. W. H. POWER in the Fulham case will suffice to clear up the point.

We are hardly able to agree with Mr. PEARSON HILL in his contention that fever patients can be removed to distant hospitals with the same absence of risk as is the case with small-pox patients. Dr. MURCHISON'S statement to the effect that the mortality amongst patients brought to the London Fever Hospital from a distance was no greater than that amongst those conveyed shorter distances, applied, we believe, solely to cases of typhus. As regards enteric fever, and indeed scarlet fever also, the matter is different. Thus the diagnosis of enteric fever is often not sufficiently certain to warrant isolation in hospital until a stage has been reached when a long journey would be fraught with much risk, and bearing in mind that removal to isolation-hospitals is usually effected in the interests of the public, all unnecessary risk to the patient should be avoided. Dr. MURCHISON'S writings go strongly to urge the avoidance of all unnecessary movement in the case of this fever; and the statement of the Commissioners, to the effect that long removals must not be risked even in cases that are not very severe, is, we think, fully borne out by experience. This, however, points, not to aggregation at large centres, but to the provision of small hospitals at reasonably available points.

WE observe with much satisfaction that Sir GARNET WOLSELEY in his despatch to the Secretary of State for War, forwarding for his information the names of those who, in his opinion, should be specially brought to favourable notice for the good work they did during the campaign, has not forgotten the medical officers. He says, "The Medical Department, under Surgeon-General HANBURY, C.B., has

done everything that could possibly be done for the care and comfort of the sick and wounded. The manner in which the wounded were removed from the fighting-line by the bearer-company was most satisfactory. The following officers are brought specially to my notice:—Deputy Surgeon-General J. EKIN; Deputy Surgeon-General W. G. N. MANLEY, V.C.; Deputy Surgeon-General J. A. MARSTON; Brigade-Surgeon O. BARNETT, C.I.E.; Surgeon-Major G. S. DAVIS; Surgeon-Major T. F. DWYER." We trust that in the distribution of honours these officers will not be overlooked. In addition to them, however, Sir GARNET WOLSELEY, in reporting upon his personal staff, brings to notice the medical officer who was specially attached to him, Brigade-Surgeon R. W. JACKSON, C.B., of whom he says, "Brigade-Surgeon JACKSON, C.B., who has seen service in all parts of the world, has, through the many wars he has taken part in, distinguished himself throughout by his coolness under fire, and by his zeal as a medical officer. I would venture to recommend him for special promotion." Mr. JACKSON served in the Crimea, the Indian Mutiny, and the Ashanti war, and has always been a zealous and efficient officer. But there is a serious difficulty in the way of his receiving the promotion for which he is thus recommended. Mr. JACKSON was placed upon the retired list in August last, in accordance with the provisions of the Royal Warrant of Nov. 27th, 1879, having attained the age of fifty-five. To replace him on the active list and promote him would be in direct contravention of the Warrant, would be an act of injustice to the officers—in number about thirty—over whose heads he would be promoted, would undoubtedly revive in the Department the feeling which existed before the late reorganisation that Royal Warrants were no guarantee that the rights of medical officers would be respected, and would establish a dangerous precedent, which hereafter might be considered applicable to the Army generally. It would also reflect most injuriously upon Sir GARNET WOLSELEY if one of his early acts as Adjutant-General were the direct violation of one of those Warrants which it is his official duty to administer, in order that he might reward an officer who had served on his personal staff. We feel strongly that Mr. JACKSON is entitled to his well-earned reward, but it ought not to be one which will inflict an injustice upon his brother officers, destroy their confidence in Royal Warrants, and bring discredit upon the highest military authorities. We trust that Mr. CHILDERS may be able to find some means of adequately recognising Mr. JACKSON'S services without incurring so grave a responsibility.

ON Wednesday, at a meeting of the Wednesbury Sanitary Authorities, it was stated that, owing to the alarming outbreak of small-pox which has recently occurred in that district, upwards of £2000 had been expended in providing hospital tents and the maintenance of patients. The disease is being gradually stamped out of the district, and there are now only forty-two patients in the hospital.

AT a meeting of the Election Committee of the Middlesex Hospital, held on Monday last, Mr. A. Pearce Gould was appointed Assistant-Surgeon, in the room of the late Mr. Lyell. By this appointment Mr. Gould is transferred from the Westminster Hospital, where he has been for the past five years Assistant-Surgeon and Lecturer on Anatomy.

Annotations.

"Ne quid nimis."

ROYAL COLLEGE OF PHYSICIANS.

AT the last meeting of the Royal College of Physicians the following resolutions, moved by Dr. Acland, were referred to a Committee to report upon. It will be seen that they contemplate a very important step in the system of licensing examinations, which, if carried into effect, may eventually solve the vexed question of a complete licensing board so far as England is concerned. It is premature, however, to discuss the subject until it has taken more definite shape. Meanwhile the profession and the Government also will await the result of the proposal with interest. The resolutions ran as follows:—

"1. That whereas the Royal Commission on granting medical degrees has now affirmed the principle of diminishing the number of examining boards for medical licences, the Royal College of Physicians takes the opportunity of reaffirming that principle, already adopted and acted on by it."

"That the President be requested to name a Committee to consider and report to the College at its next meeting, what combination the College can best enter into for examination purposes, so as to secure for England, without further delay, one complete Pass Examination Board, which shall be satisfactory to the profession, the Medical Council, and the Government."

"3. That the President be also requested to take such steps as he may see fit, in order to obtain for the Committee the fullest information on the matter referred to it, before the next meeting of the College."

This is not the first time that the College has moved in this direction, but now being no longer bound by the Conjoint Scheme (the five years' grace having expired), it is free to invite the co-operation of another licensing body in the furtherance of the desired object.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE public health, judged by the Registrar-General's mortality statistics, continues satisfactory, and shows a marked improvement upon that which prevailed a few years ago. With the single exception of the three months ending September, 1880, the national death-rate reported by the Registrar-General has been considerably below the average for the corresponding period in each quarter since the beginning of 1880. Indeed the English death-rate has been almost continuously below the average since the end of 1875, an improvement which it appears only reasonable to attribute in great measure to the stimulating effect of the Public Health Acts of 1872 and 1875, upon sanitary organisation, and sanitation in general. The English annual death-rate during the past summer, the Registrar-General reports in his Quarterly Return, just issued, did not exceed 17·7 per 1000 of the estimated population, which was 1·5 below the average rate in the ten preceding corresponding quarters, although it showed an excess upon the exceptionally low rate in the summer quarters of 1879 and 1881. In other words, the mortality last quarter was nearly 8 per cent. below the average, signifying that more than 10,000 persons survived the three months in England and Wales, who would have died had the average death-rate been maintained. The low death-rate during last summer was undoubtedly due in great measure to the unseasonably low temperature, which induced an unusually low rate of mortality from diarrhœa. The saving of life during the quarter from the low diarrhœa rate was, however, less than half the saving from all causes. The decrease of mortality was equal to 9 per cent. among

infants under one year of age, to 6 per cent. among children and adults aged between one and sixty years, and to 2·0 per cent. among persons aged upwards of sixty years. The death-rates from scarlet fever, "fever," and small-pox were also below the average, whereas those from measles, whooping-cough, and diphtheria showed a slight excess. The mortality statistics of the past quarter—the crude death-rate, the zymotic death-rate, and the rate of infant mortality—point conclusively to a continuance during the last quarter of the recent well-marked improvement in the national health.

THE "SOCIAL EVIL" AND THE CONTAGIOUS DISEASES ACTS.

A GREAT deal of righteous indignation has recently been expended on the state of our streets, and particularly the Strand, in regard to morality and the obtrusive parade of the social evil. There was much need for an expression of public opinion on this subject. We doubt whether there is in any other city in the world so shameless a flaunting of vice as not only may, but must, be witnessed by any foot passenger from Charing-cross to Waterloo-bridge at almost any hour between noon and midnight. It is a disgrace to the nation that throughout this country, with the exception of a few garrison towns, nearly every "populous place" is an open hotbed of pestilent moral corruption; while for special blazonry of the social evil some districts of the metropolis could scarcely be surpassed. We are not exaggerating the extent of the nuisance, nor is the view we take of the subject dictated by a narrow-minded conventionalism. Matters have come to such a pass that the police are powerless to do anything in the matter; and the shameless proceedings of the women who infest our streets are more demonstrative at this present time than at any other within memory. The harm done to the interests of social morality by the tolerance of this evil cannot be readily estimated. The pharisaical and fatuous policy of the Middlesex board of magistrates has been, and still is, to close the special places of resort which the common women of London of all grades once frequented; and where, at least, they were out of sight and could be avoided. The effect has not been to sweep back the ocean, but to flood the land. By blocking the old channels they have simply inundated the surrounding districts. It is now impossible for any man who would not be molested to walk up the east side of Waterloo-place, on his way from east to west, after the business or pleasure of the evening. The crowd is as dense as would be found in any ordinary business thoroughfare at a particularly busyy hour; and not only a majority of the persons composing the crowd, but, with scarcely an exception, all, are actively and noisily bent on vice. Nevertheless, the shrieking sisterhood, and the study philosophers and book-room philanthropists, who either themselves conduct, or meddle and muddle in, our domestic political affairs, are doing their utmost to prevent recourse to the only measure which would be of the slightest avail in staying the plague. Nothing short of the universal adoption of the Contagious Diseases Acts, placing this most contagious moral malady under the direct control of the police, can rid us of an evil which is destroying the young of both sexes. If the Acts to which we refer were in operation in the metropolis three-fourths of the young females who now loiter in the streets, dallying with vice, would be deterred from doing so by the fact that the practice they at present pursue with perfect immunity from risk or punishment, would then certainly bring them within the grip of the agents of the law. It cannot be doubted that the tolerance of habitual street-walkers induces young women who have not yet actually entered that class to mingle with them, and imitate their proceedings. Again, the worst members of the class itself would be compelled either to abandon their present line of life, or at least to pursue it under conditions which would not augment the demand by increasing the supply. The time has come when—leaving the man's view of the question wholly out of account, as the agitators against these Acts are wont to leave it—the woman's aspect of the problem, and *her* interests, require the only practicable and effective solution; namely, extension of the Acts, and the placing of the public morals of the country under, we will not say magisterial, but police, control. For a prompt and unhesitating application of this remedy for the existing perilous and pitiful state of matters, it is now the duty of every order-loving citizen to appeal.

THE ELECTRIC LIGHT.

BEFORE the electric light becomes, as it must soon become, the common illuminating agent of the period, a determined effort should be made to devise some mode of mitigating its peculiarly unpleasant intensity. The vibratile impulse of the electric force is obviously stronger than the delicate terminal elements of the optic nerve in the retina can bear without injury. We are wont to apply the adjectives "hard" and "soft" to light, and their significance makes them peculiarly appropriate. The electric light is too hard; it needs to be softened. The waves of motion are too short, and the out-stroke—so to say—joins the in-stroke at too acute an angle. This might doubtless be obviated by employing suitable material for globes and shades, but perhaps the best plan would be to break up and scatter the rays of light by reflection. If a small convex reflector were placed immediately below the light in the protecting globe, and one of larger dimensions above it, so as to secure a double reflection with ultimate divergence downwards and outwards, the effect would be to cause the "rays" of light to fall obliquely on all objects within the immediate area of illumination. This would perhaps obviate the need of coloured glasses, which the promoters of the electric light seem to dislike. Certainly there is a considerable sacrifice of power in the use of the opaline globe—so much, indeed, that some of the districts lighted by electricity displayed through this medium do not present any very obvious superiority over gas. We throw out the suggestion for what it is worth. Something must be done, for, as it is, the electric light is "trying to the eyes," which means that it is in danger of injuring them, and already there is reason to believe mischief has been wrought by its use. For true comfort there is nothing like the light given by the old-fashioned pure wax candle.

THE TRAUMATIC ORIGIN OF LOOSE BODIES IN JOINTS.

IN France, and Germany especially, the statement that in falls and blows upon the knee or other joint a portion of the normal articular cartilage and bone can be broken off and remain in the joint as a "loose body," has met with much opposition. In England this view has met with more general acceptance, and in modern special treatises and text-books no doubt is thrown upon it. On the one hand, cases are cited where persons with apparently perfectly healthy joints have after a fall or other severe local injury shown all the symptoms of "loose body;" and it has been found in some cases that corresponding more or less exactly with the outline of the loose body is a gap in the joint surface of the femur and tibia. On the other hand it is alleged that in these cases, although there may have been no previous signs of joint disease, there were really outgrowths from the articular cartilage that were broken off by the injury. In the gradual enlargement of these supposed outgrowths, the pressure upon the opposed joint surface has caused its absorption to an extent corresponding to the size of the outgrowths. This view will be held by most surgeons to

be fanciful, and not to accord with the most simple and straightforward interpretation of the facts, and it has been rejected in this country. M. E. Poncet of Cluny has approached this question from the histological point of view in a paper in the last number of the *Revue de Chirurgie*. Here he states that in capsular "arthrophytes" a gradual transition from cartilage through fibro-cartilage to true bone is not unfrequently met with, that there is sometimes calcification of the fibro-cartilage quite distinct from true bone, that in all specimens a hilus or remains of a pedicle are to be seen, while in none is there any capsule of newly formed fibrous tissue surrounding the loose body. In true traumatic "arthrophytes" he found, on the contrary, no hilus or sign of any pedicle, but the body was surrounded by a thin cortex of newly formed fibrous tissue, while a section showed that the line of separation of the bone and cartilage was sharp and abrupt, and without any intermediate zone of fibro-cartilage. The bony matter, too, was always placed to one side of the body, and was never completely surrounded by cartilage, but partially in immediate contact with the cortex of fibrous tissue which was found to be histologically continuous with the cell tissue in the cancelli. These observations certainly afford a further proof that "arthrophytes" may be produced by injury to previously perfectly healthy joints. M. Poncet advocates the removal of "loose bodies" through a sufficiently free incision, but he disapproves of the subsequent use of a drainage-tube. Regarding the drainage-tube as solely intended to prevent the exudation from the wound passing into the joint, he endeavours to secure this object by suturing the synovial membrane with fine catgut, and closing the external wound in a similar manner. As M. Poncet mistakes the object for which the drainage-tube is used in such cases, his argument upon it is misleading. The tube is used to run off any excessive secretion from the synovial membrane that may be caused by the interference of the operation. M. Poncet's successful case only shows that in it this secretion of synovial fluid did not occur, and it would be rash in the extreme to argue from it to all cases of a like nature.

ABERDEEN UNIVERSITY.

THE opening of the winter session at Aberdeen University has this year been peculiarly interesting from the fact that no no fewer than four professors were called upon for the first time to conduct classes within its walls. Three of these belonged to the Medical Faculty, and by a singularly happy coincidence, though the positions were vacant for various reasons, none of the gentlemen had to fill a blank caused by the hand of death. Through the retirement of the venerable Professor Pirrie, whose high services, enthusiastic character, and distinguished position were appropriately referred to by every speaker in his turn, the chair of Surgery has been left to Dr. Alex. Ogston, who commences his professional life amid high hope and after able work in the science and practice of his subject. Dr. Alleyne Nicholson succeeds Dr. Cossar Ewart, now of Edinburgh; and Dr. Hamilton has the honour not only of initiating the work in the chair of Pathology, founded through the munificence of Sir Erasmus Wilson, but of occupying a position unfortunately unique in the profession. The duties of the Pathology chair are quite as arduous as are those of the professor of the sister subject, Physiology, and, though the teacher of the latter science is not in all cases a pure physiologist, it is usually recognised as an advantage to his students and to science generally if he is not distracted by the cares of private practice. Sir Erasmus Wilson took a similar view with regard to the teaching of pathology, and has so handsomely endowed his chair at Aberdeen that the services of such a well-known pathologist as Dr. Hamilton could be obtained, and that gentleman is now the only teacher of pathology in Britain who, by the rules under which he holds office, confines himself entirely to the elucidation of that subject. We have frequently drawn attention to the undoubted deficiency in most of our English schools arising from the subsidiary part which teaching takes in the lives of many of our best men; and if the generosity of Sir E. Wilson could be imitated and the financial difficulty overcome in these cases, it would be of vast benefit to scientific medicine. In any case, the teaching power has been greatly strengthened at Aberdeen by the institution of a chair of pathology—a subject which, both from its own importance, its rapid growth, and the lessening time left to its incidental treatment in other classes, demands separate consideration in any well-arranged curriculum. During the past few years the Aberdeen School has been subject to many losses, and graduates of a few years' standing would now find but few of the old teachers doing duty. There are but three chairs in the Medical Faculty occupied as they were in 1875, and two at least of these are filled by men of great vigour. A staff composed of men comparatively youthful, and thoroughly well chosen, should be equal to excellent work, and the new professors will have the best wishes of all interested in this northern school.

DRAINAGE AND TYPHOID IN PARIS.

AGAIN the grave increase of typhoid fever in Paris must call public attention to the extraordinary imperfections of the drainage of this "centre of civilisation." Most of the houses communicate direct at once with a cesspool and with the public sewers. That the water in these sewers is highly contaminated has been demonstrated over and over again by the death of all the fish in the Seine near the sewer outfall and by numerous analyses. No sink pipe is trapped in Paris, though it is sometimes conducted through the wall; where, as it measures only about two inches in diameter and joins the water-spout junction, which is some four inches in diameter, the connexion might be broken off and a sort of ventilation established. This, however, is carefully prevented by the use of a quantity of cement, so that the gases rising up the water-spout are conducted straight into the house, attracted by the higher temperature of the interior. Of late some of the iron pipes coming from the houses into the sewer have been bent upwards at their extremity, and form a sort of spoon which retains a little water and is supposed to act as a syphon. But this is a mere illusion, as there is no "dip" whatsoever to the syphon, and the slightest pressure or the smallest ripple over the surface of the water, caused by wind or the falling of a heavy substance, would suffice to break the seal. We may therefore safely assert that an enormous majority of the Paris houses are utterly unprotected against the injurious emanations from cesspool and sewer. Further, many closets are utterly devoid of water-supply, while in all instances the house drain-pipes are much too large, and therefore cannot be kept clean, particularly when the fear of overflowing the cesspool necessitates a stint of water. Over and above these considerations, the sewers themselves are so unsuitably constructed that they do not act, and it is consequently necessary to maintain, at great cost, an army of 800 men to literally push the heavy deposits along to the sewer outfall. Many of the small branch sewers also are so dangerous and foul that the men refuse to enter them, and these have to be left to engender disease, without even an effort to cleanse them. Finally, there is no organised method of ventilating the sewers. The necessity of sewer-ventilation has not yet been recognised, and what ventilation there may be is of a purely accidental description. In fact, the houses, by reason of their superior elevation and temperature, are the most active sewer ventilators that exist, and it is not till after the sewer-gas had been breathed by the inhabitants of the

apartments that it reaches the streets or open air. Of course, the more elevated quarters of Paris are subjected to a stronger pressure of sewer-gas, which in unventilated sewers generally tends to ascend to the highest points. Hence, typhoid fever is usually more prevalent at Montmartre, Batignolles, and along the course of the "collecteur du Nord." It will take many years and a large expenditure of money to remedy all these defects; still the evils might be modified to some extent by the immediate introduction of good syphons at the junction of the house-drains with the public sewers. Pending their reconstruction, the sewers might with comparative facility be ventilated, and police supervision could ensure greater cleanliness within the houses. All this could be done pending the adoption of some comprehensive and general scheme of drainage; and, though such measures would not suffice to place Paris on a par with modern principles of hygiene, still they would save many valuable lives. Considering the large number of Englishmen who frequent the French capital and, by their lavish expenditure, enrich the hotel- and shop-keepers of that attractive city, we have a right to complain of the risks our compatriots are compelled to incur when they visit Paris.

THE PROPOSED CONVALESCENT HOME AT HASTINGS.

THE generous offer, by the Misses Briscoe, of the large mansion in White Rock Gardens, Hastings, to be used as a Convalescent Home for the patients of the infirmary and others, appears to be regarded with very mixed feelings by the parties concerned in the matter. By some it is looked on as a veritable white elephant. Owners of property in the neighbourhood of the mansion have issued a protest, threatening legal proceedings in the event of the premises being employed in the way suggested; whilst many friends of the infirmary seem to fear that the raising of the money necessary to maintain the Home will be effected with detriment to the financial interests of the former institution. The question of acceptance of the offer has been adjourned for six weeks, at the end of which time a committee of the infirmary is to be prepared with a report. Meantime it may be observed that trustees of charities are often placed in a difficult position by the offer of benefactions not exactly suitable to the object in view. Convalescent Homes are not well situated when in close contiguity with dwelling-houses. They should be placed in their own grounds, on an open breezy site, offering conditions most favourable to the restoration of the health of their inmates. If the mansion in White Rock Gardens could be disposed of for its full value and the money devoted to the erection of a building in a situation such as that described, the problem which the Hastings Infirmary Committee have to consider would, we think, receive a more satisfactory solution than any likely to be arrived at if the question is restricted within the limits which seem to be proposed.

THE ACTION AGAINST DRS. CLUCKIE AND DOBIE, OF GREENOCK.

THIS action, in which £500 damages were claimed for the death of a child under chloroform, has ended, as might have been expected, in favour of the defenders. Proof was led before Sheriff Smith, and Drs. Macleod, Watson, and Dunlop, of Glasgow, and Drs. Wallace and Paton of Greenock, were examined at some length as witnesses for the defenders. At the conclusion of the proof, and after the agent for the pursuer had been heard, Sheriff Smith said that a grave attack had been made upon the professional skill, attention, and tenderness of two medical gentlemen, which was certain to subject them to considerable anxiety; and he considered it his duty, while reserving his formal judgment until the extension of the shorthand-writer's notes, to take the earliest opportunity of relieving them of that anxiety, which he would do by pronouncing judgment at once. After stating that he had every sympathy with the bereaved parents, Sheriff Smith proceeded to say that he considered that it had been proved that the death of their girl had resulted from the visitation of Providence, and that no blame had been brought home to either doctor. In this case it was evident the chloroform had been administered with the utmost care and skill, and with every possible precaution, and that the parents were totally wrong in attaching any blame to Dr. Cluckie and Dr. Dobie. He had therefore no hesitation in pronouncing decree of absolvitor in favour of both defenders. Drs. Cluckie and Dobie will have the sympathy of the whole medical profession in the annoyance to which they have been subjected. The Glasgow Medico-Chirurgical Society have requested their Council to take such steps as they may deem necessary, either alone or in concert with the Council of the Faculty, to initiate a subscription for the purpose of assisting in defraying these gentlemen's expenses. It is to be hoped that the response to this appeal will be prompt and liberal.

VICTORIA UNIVERSITY AND MEDICAL DEGREES.

ON the 1st instant the Manchester University conferred its degrees in arts and sciences on a numerous body of graduates for the first time since the date of its charter, in April, 1880, by which from a simple college it was converted into a university, for at present Owens College is practically the Victoria University. The graduates were all previously associates of Owens College, and have merely changed their academical title; and it is greatly to the credit of the College that so large a number of well-known literary and scientific students should have been ready for enrolment in the ranks of the new University. This proves most conclusively that no real hardship existed, for almost all these gentlemen already held degrees from other universities, and it shows that degrees by the best class of students are readily obtainable at the older universities and examining bodies. We are, however, more particularly concerned with the motion of Professor Roscoe, in accordance with which a petition to the Queen in Council was adopted, asking for the grant of a supplemental charter to enable the Victoria University to confer degrees and distinctions in medicine and surgery. The chief point in the petition is reserved for the last sentence; the preceding paragraph referring to the staff and the students can scarcely be seriously urged for when the teaching-staff is no larger, and the number of students no greater, than in some of our metropolitan schools who advance no such claims for giving medical degrees. This sentence runs thus:—"Your petitioners believe that it would not only complete the powers and increase the usefulness of the University which Her Majesty has been pleased to found, but also that it would have the effect of raising the standard of medical education, particularly in the North of England, and would promote the advancement of medical science if the power to confer degrees in medicine and surgery were granted to the Victoria University." The utility of the University will not be impaired if the degrees, which we merely look on as a bait for additional students or a desire "to brand one's own herrings," be refused, for we are quite sure, not only that there are degree-giving bodies enough already in Great Britain and Ireland, but that an additional one will only be made use of as a precedent for other ambitious medical schools and colleges to press forward their claims for the same privilege. If the Victoria University grants medical degrees, why should not Liverpool and Birmingham, and even Bristol in a few years, make similar demands? Why

should King's and University Colleges, St. Bartholomew's and Guy's Hospitals, not ask for similar rights now? At present, the medical education of the degree-desiring student in these schools does not differ in any essential feature from that at Owens College, and every argument used in favour of the latter is equally applicable to them. The American system of granting medical degrees is surely a sufficient warning against their needless multiplication in this country. We fail to see how, with the universities of Scotland in one direction and those already established in England in the other, medical education can be raised in the north of England by the mere granting of an M.D. or M.S. degree by the Victoria University. It will be raised by the superiority of the teaching, not by the adventitious influence of the distinction.

THE MILLER MEMORIAL HOSPITAL.

IN October, 1881, nearly sixty members of the medical profession, residing and practising in the district of the Royal Kent Dispensary, unanimously certified that it would be of the greatest possible benefit to the neighbourhood if hospital accommodation in connexion with that institution were provided, and expressed their pleasure at hearing that a project was on foot to build a hospital wing. On the receipt of this communication a conference was arranged between the Executive Committee of the Royal Kent Dispensary and the Canon Miller Memorial Fund Committee, which resulted in an arrangement by which it was decided to combine the two movements on the understanding that one of the wards in the proposed hospital should be called the "Miller Memorial Ward," as a recognition of the valuable services rendered by the late Rev. Canon Miller, D.D., as the originator of "Hospital Sunday" at Birmingham, and as a mark of esteem and affection to his memory. Mr. Wm. Bristowe of Greenwich was appointed honorary secretary, and by his exertions between £2000 and £3000 has been promised or paid towards the £5000 which it is estimated will be required to defray the expense of erecting the proposed hospital. We wish this movement all success. Few people have done more for the hospitals than the late Canon Miller, and he was one of the first to actively support the proposal of THE LANCET to establish Hospital Sunday in London.

PROPHYLAXIS OF TYPHOID FEVER.

At the sitting of the Paris Academy of Medicine, on the 24th ult., a discussion arose upon the prophylaxis of typhoid fever, the prevalent epidemic, doubtless, evoking the question which was introduced by M. Marjolin. He referred to the unhealthy dwellings of the poor, which no one thinks of improving, and urged that the various Commissions d'Hygiène should be empowered by law to take prompt action in remedying these defects. He charged the Assistance Publique with having, in violence of sanitary principles, suffered the wards of hospitals to be overcrowded with cases; and he criticised the measures recommended by the Committee of Public Hygiene as being impracticable. Isolation, he said, was difficult, especially among the poor and large families, when to carry it out provision should be made for the case of the members of the family who escaped the disease during the isolation of those attacked by it. Measures should also be adopted for the distribution of disinfectants; and M. Marjolin considered that the medical profession should make its voice heard in insisting upon legislation to improve the present deplorable state of things. M. Larrey said that the members of the Council of Hygiene were fully aware of the distress in certain districts; and account should be taken of the difficulties surrounding the question. He had often insisted that the law dealing with unhealthy dwellings should be put in force, but this had not been done, and now that an epidemic of typhoid fever was before them, something must be done. The regulations adopted by the Council of Hygiene in a certain measure answered to the present emergency. M. Bouley thought it the duty of the Municipal Council to remedy the deplorable condition of dwellings in the outskirts of the city, where the artisan population were crowded together. Even if necessary, let houses be constructed and well-ventilated pavilions erected on sanitary principles. M. Dujardin Beaumetz pointed out that medicine could not undertake the work of demolition of unhealthy tenements. He thought that, besides unhealthy dwellings, the numerous permanent earthworks in Paris were to blame in the propagation of the fever. M. de Perrin said that barracks had never been the focus of an epidemic of typhoid fever. M. Proust reproved M. Marjolin for his censure of the Council of Public Hygiene. The instructions issued by the Council were based on scientific principles. Before solving the question of the prophylaxis of typhoid fever, before commencing improvements in unhealthy dwellings, the service of public hygiene in France should be remodelled. M. Marjolin, in reply, said he was pleased to find that all agreed with him as to the urgent need for the strict enforcement of the law relating to sanitation.

PERILS OF RAILWAY TRAVELLING.

WE have long contended that a perfect and ready means of communication between the passengers and the guard or driver of a train is necessary to public safety. It must be obvious that such a provision is absolutely indispensable as the first condition of possible escape in case of peril; but what, we must now ask, is the use of a means of communication the most perfect, if when an alarm is given the guard or driver is to deliberate and determine whether he will or will not act upon it? The instruction to engine-drivers to hesitate and look back along the line before they bring the train to a standstill, is one that ought to be peremptorily interdicted. It was a most insulting offence against public opinion to issue such an order, and we are wholly at a loss to understand how any respectable Board of Directors could have been found to sanction so flagrant an imposition on the public—we can describe it by no other term—as the provision of a means of communication, such as it is, and a private instruction to engine-drivers to delay, and use their own judgment, in obeying it. Let the fine for stopping a train without sufficient reason be made as heavy as directors please, let it even be made a misdemeanour to do this; but the travelling public must at all costs and inconveniences, feel assured that they can instantly communicate with guard or driver in case of need, and that having received the order or heard the alarm, the summons to stop shall be immediately obeyed.

XANTHIC OXIDE URINARY CALCULUS.

DR. G. L. PORTER, of Bridgeport, U.S., has had under his care a young woman who had several attacks of renal colic; after one of these attacks she passed per urethram a calculus one inch long and half an inch in breadth. The stone was of a yellowish colour, and on analysis proved to be composed of xanthic oxide. It was shown at a late meeting of the New York Medical and Surgical Society by Dr. R. F. Weir. This is the rarest of all forms of urinary calculus, and this specimen is only the eighth that has been recorded. Dr. Marcet was the first who discovered this substance in a urinary calculus; Laugier recorded a second specimen; Langenbeck removed the third, and the second largest yet noted; it weighed 338 grains, and was analysed by Liebig. The Museum of the College of Surgeons contains half a calculus that was presented to it by Mr.

Bransby Cooper, who obtained it from a surgeon who had removed it in India; its nature was discovered by Mr. Taylor. Mr. Fleming, of Dublin, and Dr. Dulk have also recorded specimens. Dr. Gaillard has removed a xanthic calculus weighing 350 grains, the largest on record. Xanthic oxide is closely allied in composition to uric acid, and its formation is believed to be due to imperfect oxidation of nitrogenous material.

POISONING FROM BRAWN.

DR. THURSFIELD, in a report addressed to the Whitchurch (Salop) Urban Sanitary Authority, draws attention to a serious group of symptoms from which seventeen persons suffered in September last as the result of eating some brawn. The persons affected had absolutely nothing in common except the consumption of this article of food, and the brawn when examined microscopically was found to contain, in addition to the ordinary bacteria of decomposition, other apparently distinct micro-organisms, which were capable of similarly affecting other pieces of meat to which they were applied. The organisms are described as of the most minute kind, and they were found in brawn which had been procured from two entirely different shops on the same day. That they were related to the symptoms as cause to effect does not, according to Dr. Thursfield, admit of doubt. But crucial evidence as to this would have been forthcoming had Dr. Thursfield been able to administer a small quantity of the affected article to one or two mice, a proceeding which is rendered impossible by the stringent terms of the Vivisection Act. All the persons affected exhibited a distinct period of incubation between the consumption of the brawn and the onset of their symptoms, and the worst attacks occurred in those who ate the brawn some days after it was made. Nothing could be learned to show that the animals from which the brawn was made were otherwise than healthy; all seems to point to some subsequent infection of the flesh. Two years ago six very similar cases occurred in Whitchurch, two of them proving fatal; and as it was then assumed that the symptoms were due to some form of poisonous matter capable of being detected by chemical analysis, the brawn was on this occasion submitted to the county analyst, with the result that it was found to be absolutely free from any mineral poison. Such instances as these, taken together with the series of similar occurrences at Welbeck and at Nottingham, point to a danger associated with the consumption of pork in its various forms, which does not appear to attach to the flesh of other animals, and also to the need for very careful inquiry into the whole subject.

DR. SOUTHON, CENTRAL AFRICA.

A GREAT loss has befallen the cause of medical missions, which is eminently the cause of civilisation, in Central Africa. We have seldom read a short piece of biography with greater interest than we felt in reading a brief account of the late Dr. E. J. Southon, medical missionary, Urambo, Central Africa, including, alas! the story of his death, after an accidental gunshot wound of the elbow, and amputation by Mr. Copplestone, of the Church Missionary Society at Uyui. In the absence of a full account of this remarkable man's life, we commend this paper to our readers. It is to be found in the current quarterly paper of the Edinburgh Medical Missionary Society. Dr. Southon had acquired a great influence over the King Mirambo, owing to his surgical services in the removal of some tumours from the King's arm. He was deeply engaged, too, in the study of the Kinyamwezi language, which, at the time of his death, he had so far reduced to writing as to be able to compile a small "reader" for his pupils, who included thirty sons of chiefs. His diary gives a remarkable idea of the multifarious work in which he engaged—from preaching, or removing tumours from the King's arm to the making of a hut or the taking of meteorological observations. We can only express the hope that the notices of his life, which are to be found in the missionary journals, will be amplified into one fuller and complete, and that his work will be taken up by some worthy successor of a man whose life and death remind us more of Livingstone than anything which we have read since the death of that devoted man.

THE ROYAL SOCIETY.

THE following is the list of names nominated for the Council of the Royal Society to be balloted for on November 30th:—President, William Spottiswoode, D.C.L., LL.D.; Treasurer, John Evans, D.C.L., LL.D.; Secretaries, G. G. Stokes, D.C.L., LL.D., Professor Michael Foster; Foreign Secretary, Professor A. W. Williamson, LL.D. Other members of the Council:—Professor W. G. Adams, F.C,P.S., John Ball, F.R.A.S., T. Lauder Brunton, M.D., Professor Heinrich Debus, Ph.D., Francis Galton, F.G.S., Professor Olaus Henrici, Ph.D., Professor Huxley, LL.D., Professor E. Ray Lankester, Professor Lister, Professor Prestwich, F.G.S., Professor Osborne Reynolds, M.A., Professor Roscoe, The Marquis of Salisbury, Osbert Salvin, M.A., F.L.S., Warington W. Smyth, M.A., F.G.S., Edward James Stone, M.A., F.R.A.S.

A Royal Medal has, we learn, been awarded to Professor Flower, LL.D., F.R.S., by the Council of the Society in consideration of his numerous and valuable contributions to science.

LONDON IN NOVEMBER.

THE autumn session of Parliament will, among other beneficial results, probably help to reduce the erroneous impression which pervades many minds that London is intolerable as a place of residence in the later months of the year, particularly in November. Nothing can well be further from the truth than this wide-spread notion. As a matter of fact, the metropolitan district is at very nearly its best in October and November and a portion, at least, of the month of December. The worst month of the year—the typical modern year we mean—is, probably, that in which the Houses of Parliament are usually opened: February. March and April are scarcely less wretched. It is exceedingly unfortunate that the prejudice which undoubtedly exists cannot be removed. Trade suffers and society is disorganised quite needlessly in the two months before Christmas by the unanimity with which the Upper Ten avoid London at the very time when it is, on the whole, at its pleasantest. Those who are compelled to remain in town at this season are not sorry that the political exigencies of the year 1882 have obliged a considerable number of Members of Parliament to make the acquaintance of the capital at a time when they usually avoid it.

SOUTHEND-ON-SEA.

THE question of laying on the water of the Southend Waterworks Company to an outlying part of this health-resort, which is known as Prittlewell, is causing much discussion. In 1880 Prittlewell suffered from a considerable epidemic of enteric fever; the wells were found to be sunk in a porous soil, which had for generations received the soakage from pervious cesspits, and the use of water thus polluted was ascertained to have been the main cause of the epidemic. At that time the people were thankful to avail themselves of a supply sent daily from Southend in water-carts, and on more recent occasions when a scarcity of water has prevailed a similar method of supply has been resorted to. The Water Company, in consequence of the prospective

demands which will be made on their supply, have at great cost sunk a new deep well at Prittlewell, and their mains have been laid through the village. But when the question of making the house connexions arises, the inhabitants, forgetting the bitter experience they went through in 1880, declare that in their dangerously placed wells they have a supply of pure and wholesome water sufficient for all domestic and sanitary purposes, and they petition for a Government inquiry. One was held in 1880, and the wells were condemned; a second one would hardly convince the petitioners.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of the 14th inst. of the Society the paper of the evening on Endemic Hæmaturia will be illustrated with specimens of the Bilharzia hæmatobia in its several forms by Drs. Cobbold and Crocker. This opportunity will be taken to bring before the Fellows a numerous exhibition of animal parasites. Mr. A. P. Thomas of Oxford will describe his recent discovery, of the life history of the sheepfluke, exhibiting the small snail which is one host of the animal before it reaches the sheep. Drs. Cobbold, Bastian, Ray, Lankester, and Stephen Mackenzie, have also promised most interesting contributions to the exhibition of parasites.

SIR THOMAS WATSON, BART.

THERE has been a continuous loss of strength during the past week. On Tuesday Sir Thomas Watson complained of pain in the region of the bladder, with much irritation, the secretion being acid and depositing uric acid. The pain and irritation continuing through Tuesday night and Wednesday, he felt convinced that he had stone in the bladder, and requested Dr. Walters to telegraph for Mr. Lister, who promptly obeyed the summons, and relieved him by emptying his bladder with a catheter.

THE EDINBURGH GRADUATES' CLUB.

A FULL meeting of this pleasant club met at St. James's Restaurant on Wednesday evening. The dinner was good, and included an excellent specimen of that "great chieftain o' the puddin-race," a haggis. The chair was occupied by Dr. Crawford, the Director-General of the Army Medical Department. The toasts were few and the speeches short, which added to the sociality of the evening. The toasts of the Army and Navy and the Health of the Director-General were received with great enthusiasm. The former was proposed by Dr. Crichton Browne, and the latter by Sir Joseph Fayrer.

MEDICAL HONOURS.

THE air is charged with rumours of coming honours to medical men, some long expected, and some that, if realised, will occasion criticism. We shall be disappointed if a Liberal Ministry in this matter does not devise liberal things, and advise a more deep and ample recognition of medical service and scientific merit than has yet been awarded to medical men in this realm. Ours is, probably, the country in which least honour is paid to that profession which saves life.

THE applications for space at the Berlin Hygienic Exhibition, which opens May 1st, 1883, have been so numerous that the promoters have had to contemplate an extension of the building ground by taking an adjoining site.

THE death is announced of Dr. Troschel, Professor of Zoology at Bonn.

THE names of Sir Peter Benson Maxwell, Knight, and Colonel Charles Brisbane Ewart, C.B., R.E., have been placed on the Royal Commission appointed to inquire into and report upon the system under which sewage is discharged into the Thames by the Metropolitan Board of Works.

WE regret to learn that during the gale which broke over Dorchester on Sunday last Mr. Good, whilst visiting his patients, was carried off his feet from the pavement into the roadway, and in falling suffered dislocation and fracture of an arm, besides other injuries.

THE Lord Chancellor has, on the recommendation of the Lord-Lieutenant, appointed Dr. Alfred Meadows, of Poyle Manor, Colnbrook, and George-street, Hanover-square, one of the magistrates for the county of Middlesex and the city and liberty of Westminster.

THERE appears to be no doubt that cholera has prevailed in an alarming manner at Mecca, and that it had extended to Jeddah, where many cases are reported to have occurred. Quarantine regulations are being enforced by the Egyptian Government.

THE whole of the scientific world will hear with regret of the illness of Professor Virchow. The latest report, however, is somewhat reassuring.

DR. BRAXTON HICKS has been elected Honorary Fellow of the Edinburgh Obstetrical Society.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Fulham.—This district, which comprises the parish of Fulham and those of St. Peter's and St. Paul's, Hammersmith, had an estimated population of 116,000 in the middle of last year, and, excluding the deaths of non-parishioners which occurred in the Fulham small-pox hospital, the death-rate amounted to 19·3 per 1000 living. The deaths under one year of age were at the rate of 15·7 per cent. of the registered births, a rate which must be regarded as high, considering that the district is by no means one of the poorest or most densely populated of the metropolis. The history of the small-pox epidemic, both as affecting the isolation arrangements for the metropolis and as regards its incidence in the Fulham district, is told in considerable detail by Mr. Collier, who shows that the total mortality from this disease in his district was forty-four, and who alleges that whereas, when patients were removed to hospital directly it was known they were suffering from that disease, hardly a single case occurred in which there was any further spread of infection; yet, on the other hand, where cases were, either from accident or otherwise, not so removed, further attacks in the same house almost invariably resulted. Enteric fever was somewhat prevalent during the year, causing thirty-three deaths, as opposed to seven in 1880, and this not including some fatal attacks of so-called simple continued fever. As regards this disease, Mr. Collier points out how very undesirable it is, in the interests of the patients, to move the sick any considerable distance, and he considers that for this purpose every sanitary authority should have a hospital which is easy of access. Pig-keeping is still a source of great nuisance in the vicinity of Latymer-road, but owing to the great unwillingness of aggrieved persons to support the authority in dealing with this matter by tendering evidence before the magistrate, preventive measures are all but at a standstill.

Hampstead.—According to Dr. Edmund Gwynn's annual report for the parish of St. John, Hampstead, it appears that the last census return gave the population of the parish as 45,436, and at that estimate the death-rate for 1881 must be regarded as one of the smallest on record; for, including non-parishioners who died in the various local institutions, it was only 13·2 per 1000. It is true that, owing to the closing of the Hampstead Hospital, the number on which this rate is calculated did not include any fatal cases of infectious diseases removed from houses elsewhere than in the parish to any hospital belonging to the Asylums Board. But as regards small-pox, for which disease that hospital was originally used, it appears that, including all cases sent to the various small-pox hospitals, only six fatal attacks occurred amongst the population of Hampstead. And this leads Dr. Gwynn to show, in the form of a table, the small-pox death-rate in his district during the last two small-pox epidemics. In 1877–78, when the Hampstead Small-pox Hospital was open, the mortality from that disease was at the rate of 9·7 per 1000 of the population; whereas in 1880–81, during which period the hospital was closed, it was only 2·1 per 1000. The latter epidemic was, however, not as fatal as the former one as regards the metropolis as a whole, and therefore it could hardly be expected that, even had the local circumstances remained the same during the two periods, their mortality for the two periods in question would have been alike in Hampstead, and this especially in view of the large amount of protection afforded by increased vaccination during the panic of the former period. Still, making every allowance for these and other possible sources of error, no question can remain but that the difference in the death-rate of the two periods must be regarded as to a great extent due to the different conditions, as regards the local aggregation of small-pox cases, which existed in the parish. And this view becomes even more convincing when it is remembered that crowded neighbourhoods such as Fleet-road, which suffered so much in the first epidemic, have, although now still more populous, all but or entirely escaped during the recent outbreak; and that the streets and parts bordering on the grounds of the hospital did not in 1880–81 contribute a greater number of cases than the other parts of the parish, as was the case in 1877–78. As regards scarlet fever, Dr. Gwynn points to a circumstance which has been noted before, but concerning which no sufficiently definite information is as yet available; it is that the emanations from manure tend to the development of scarlet fever, and he points out how a number of the fatal attacks in Hampstead occurred in mews. The number of such attacks was, however, only nine out of a total of forty-seven in the parish as a whole; and it must be remembered that the facilities which children who play together in mews would have of contracting infection are very exceptional. In connexion with the prevention of the spread of infection, a Ransom's disinfecting stove has been provided; it has been in efficient working for some time, and is available for use by all in the parish. The charge, however, for such use is considerable, especially when it is remembered that the apparatus has been provided and is maintained at the public cost. Thus 15*s.* is the sum charged for the disinfection of bedding, &c.; and though the charge is to be remitted in the case of persons who are too poor to pay it, yet the uncertainty as to whether it will be claimed or not will probably to an important extent prevent the use of the stove, and so lead to what will now be an altogether unnecessary source of infection. Many parishes of London are still much in arrear of other sanitary districts, where in such matters the public, and not the unfortunate individuals who have already suffered, pay for the measures deemed necessary for preventing the spread of infection to the community at large.

Huddersfield (Urban).—Dr. Cameron's report upon the health of the borough of Huddersfield during the quarter ending September derives additional interest from the information it contains relative to the exceptionally fatal epidemic of measles from which that town has recently suffered. The annual death-rate during the quarter did not exceed 23·1 per 1000, but showed an increase of 6·6 upon the rate in the corresponding period of last year. A large portion of this excess was due to the measles epidemic, to which Dr. Cameron attributes 40 deaths, being four less than those reported by the Registrar-General during the thirteen weeks ending September 30th. The death-rate from measles in Huddersfield during last quarter was more than seven times as high as the mean rate in the twenty-eight large towns. The disease became epidemic during the latter part of June, and the rate of fatality increased steadily until it reached its maximum in August. Of the 40 fatal cases, 39 were of children under two years of age, 8 of children aged between two and three years, and 2 of children aged three years. In most of the cases lung diseases were assigned as the secondary cause of death, and Dr. Cameron notes that, following the sharp outbreak of measles in the central registration district, the rate of mortality among young children from bronchitis, pneumonia, convulsions, and diarrhœa showed a marked excess; this is, with reasonable probability, attributed in great measure to the effects of the measles epidemic. It is most satisfactory to hear that the lesson of this epidemic, or rather of its unwonted mortality, has not been missed. The "circumstances pointed to such a condition of unhealthiness in certain parts of the town" that the medical officer made a special report to his sanitary authority, and measures were at once adopted, which have resulted in a considerable improvement in its condition. Apart from the mortality from measles, the death-rate from other zymotic diseases was not excessive, and was considerably below the mean rate in the twenty-eight large towns. The rate of mortality from diarrhœa, although higher than that recorded in Halifax, was considerably below that prevailing in the other large Yorkshire towns. The Borough Hospital for Infectious Diseases contained 25 patients at the end of September, 36 having been admitted during the quarter. It appears that 52 cases of infectious disease were noted during the quarter under the 64th clause of the Huddersfield Improvement Act; this number is, however, considerably lower than the number of deaths from the principal zymotic diseases during the quarter. Dr. Cameron, in concluding his report, expresses his conviction that the Town Council will have no reason to grudge the increased expenditure which the special measures taken to improve the sanitary condition of the town have necessarily entailed.

Leeds.—Dr. Goldie's report for the third quarter of the present year refers to an undue prevalence of fever during that period, a result which, in his opinion, is owing to the absence of heavy rainfall, so much needed to secure powerful means for flushing the sewers. Dealing with an outbreak of small-pox, it is shown to have had an exceptional incidence upon shopkeepers, probably owing to the fact that infected persons were allowed to travel about the town. Up to the end of September last as many as 170 persons had been attacked, and the disease was still spreading. In the emergency the Leeds Borough Hospital has been opened for cases of small-pox, and as yet forty patients have been admitted.

Paddington.—The total population of Paddington in 1881 was 107,218, it having increased at the rate of 27·7 per cent. in the decennial period 1861–70, and at the rate of 10·7 per cent. in the last ten years. The birth-rate during last year amounted to 26·6 per 1000 living, and the deaths were at the rate of 15·7 per 1000, as opposed to 21·2 for London as a whole. One death from typhus was recorded in the year; and typhoid fever, which was specially fatal, caused twenty-one deaths. The cases of small-pox which occurred were, as far as possible, at once removed to one or other of the hospitals belonging to the Metropolitan Asylums Board, or to the Small-pox Hospital at Highgate; and in a similar way the London Fever Hospital was used for fever cases. In addition to numerous statistical tables which are appended to the report, Dr. Stevenson gives some useful information concerning the London water-supply.

Cork.—During the four weeks ending October 7th the total number of registered deaths amounted to 116 (including 25 in the workhouse, and therefore outside the borough); of these, 5 were due to infectious diseases. The births during the same period numbered 152. The mortality was equal to 19·02, but omitting the workhouse deaths it was 15·0. The returns compare favourably with those for the corresponding period last year, both as regards the general mortality and the prevalence of fever in the city, the total and the urban death-rate being then 22·06 and 18·24 respectively, as against 19·02 and 15·0 now recorded.

BANGOR LOCAL BOARD.

The Board has decided that, in view of an outbreak of scarlet fever, the hospital tents erected for purposes of isolation of typhoid patients should remain standing. It was also proposed and agreed to that a plan and estimate should be prepared for the extension of the sewer outfall to the river Cegin.

The Woodford Local Board has agreed to adopt the sewerage scheme proposed by Mr. Angell, C.E., the cost of which, without purchase of site, is estimated at £15,000. The outfall will be situated on the eastern side of the river Roding. A committee has been appointed to report to the Board their opinion as to the best system for the treatment of the sewage.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 6148 births and 3451 deaths were registered during the week ending the 4th inst. The annual death-rate in these towns, which had been equal to 20·5 and 21·4 per 1000 in the two preceding weeks, was 21·3 last week. The lowest death-rates in these towns last week were 15·2 in Brighton, 16·9 in Huddersfield, 17·3 in Newcastle-upon-Tyne, and 17·4 in Cardiff. The rates in the other towns ranged upwards to 26·2 in Oldham and Derby, 28·5 in Sunderland, 29·5 in Liverpool, and 33·1 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns were 483, showing a further slight decline from the numbers in recent weeks; 116 resulted from scarlet fever, 97 from measles, 93 from diarrhœa, 84 from "fever," 70 from whooping-cough, 21 from diphtheria, and only 2 from small-pox. No death from any of these zymotic diseases was recorded in Huddersfield, whereas they again caused the highest death-rates in Preston and Sunderland. Scarlet fever showed the largest proportional fatality in Sheffield and Sunderland; measles in Norwich and Sunderland; whooping-cough in Bradford and Preston; and "fever" in Portsmouth, Derby, and Sunderland. No fewer than 13 of the 28 deaths from diphtheria in the twenty-eight towns were recorded in London. Small-pox caused 1 death in West Ham (situated in the outer ring of suburban districts) and 1 both in Manchester and in Newcastle-upon-Tyne. The number of small-pox patients in the metropolitan asylum hospitals, which had been 84, 78, and 72 on the three preceding Saturdays, further declined to 70 at the end of last week; 7 new cases of small-pox were admitted to these hospitals during the week, against 8 in each of the two previous weeks. The Highgate Small-pox Hospital contained 6 patients on Saturday last, no new case having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 290 and 355 in the two preceding weeks, were 347 last week, and were 51 below the corrected weekly average. The causes of 83, or 2·5 per cent., of the deaths in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Brighton, Portsmouth, Bristol, Leicester, and three other smaller towns. The proportions of uncertified deaths were largest in Wolverhampton, Bolton, Halifax, and Newcastle-upon-Tyne.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the eight Scotch towns, which in the three preceding weeks had been equal to 19·2, 19·7, and 21·4 per 1000, further rose to 24·3 in the week ending 4th inst.; this rate was 3·0 above the rate that prevailed last week in the twenty-eight English towns. The deaths referred to the principal zymotic diseases in these Scotch towns, which had steadily declined in the five preceding weeks from 117 to 89, further fell last week to 85, and were equal to an average rate of 3·6 per 1000 in the eight towns, which exceeded by 0·6 the rate from the same diseases in the eight English towns. The 24 deaths referred to diphtheria in the eight towns showed a further increase upon recent weekly numbers, and included 7 in Glasgow, 4 in Dundee, and 3 each in Edinburgh, Aberdeen, and Leith. The 20 deaths attributed to diarrhœa, however, showed a decline. The fatal cases of whooping-cough, which had been 18 and 19 in the two previous weeks, were 20 last week, and included no fewer than 15 in Glasgow. The 13 deaths from scarlet fever showed a decline of 3 from the number in the previous week, but included 4 in Glasgow, 4 in Edinburgh, and 2 in Paisley. The deaths referred to "fever" were fewer than in any recent week, 3 being recorded in Glasgow. Both the fatal cases of measles occurred in Dundee. The deaths referred to acute diseases of the lungs in the eight towns, which had been 100, 108, and 113 in the three preceding weeks, further rose to 135 last week, but only exceeded by one the number in the corresponding week of last year. As many as 116, or more than than 20 per cent., of the causes of the deaths registered in these Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 22·5 in each of the two preceding weeks, declined to 20·4 in the week ending the 4th inst. During the first five weeks of the current quarter the death-rate in the city averaged 21·9, against 19·8 in London and 18·5 in Edinburgh. The 136 deaths in Dublin last week showed a decline of 14 from the number in each of the two previous weeks, and included 7 which were referred to "fever," 5 to diarrhœa, 2 to whooping-cough, and not one either to small-pox, measles, scarlet fever, or diphtheria. Thus the deaths from these principal zymotic diseases, which had been 8 and 13 in the two previous weeks, further rose to 14 last week; they were equal to an annual rate of 2·1 per 1000, the rate from the same diseases last week being equal to 3·0 in London and 3·1 in Edinburgh. The deaths from "fever," which had averaged less than 3 in the four preceding week, rose to 7 last week, and exceeded the number in any week since the beginning of September. The 5 deaths from diarrhœa, corresponded with the number in the previous week, while the 2 from whooping-cough showed a decline of one. The deaths of infants corresponded with the number in the previous week, while those of elderly persons were somewhat more numerous.

THE SERVICES.

The following members of the Army Medical Department are under orders to embark for Egypt at an early date:—Surgeons-Major T. Comyn, R. Anderson, W. D. Wilson, B. Jazdowski; Surgeons H. M. Reid, H. O. Stuart, W. H. P. Lewis, F. G. Jenckin, F. H. Trehern, W. Dick. Most of the above gentlemen have only recently returned to England after duty in that country.

RIFLE VOLUNTEERS.—2nd Durham: William Robinson, Gent., M.S., M.B., to be Acting Surgeon.

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Inspector-General of Hospitals and Fleets John Trail Urquhart Bremner, M.D., has been placed on the Retired List from the 3rd inst.

The following appointments have been made:—Surgeon Thomas D. Popham to the *Impregnable*, vice Barnes; Fleet Surgeon Henry Hadlow to Royal Naval College at the Cape of Good Hope, vice Henry F. Norbury, C.B.; Surgeon William Edward Breton to Royal Naval Hospital, Cape of Good Hope, vice John B. B. Trigge.

BANQUET TO THE MEDICAL OFFICERS OF THE EGYPTIAN EXPEDITION.

A MEETING of the subscribers to the Invitation Fund was held, by permission, at the Royal College of Physicians on Monday last, the 6th inst., and was numerously attended. Sir William Jenner Bart., presided. The following resolutions were unanimously agreed to:—

1. "That a banquet of welcome be given at the earliest convenient date to all the medical officers who have recently served in the Egyptian Expedition, in recognition of their gallant services."

2. "That the following gentlemen be requested to act as a Dinner Committee, to arrange the details of the banquet, and to report to the General Committee, if it seem desirable—viz., Sir W. Jenner, Bart., Sir James Paget, Bart., the hon. treasurer and the hon. secretary, ex-officio; Mr. Ernest Hart, Chairman of the Dinner Committee; Dr. T. Bridgwater, Dr. Cholmeley, Dr. Andrew Clark, Dr. R. Farquharson, M.P., Sir Joseph Fayrer, Mr. Cooper Forster, Dr. J. G. Glover, Mr. Prescott Hewett, Mr. Joseph Lister, Mr. John Marshall, Dr. W. M. Ord, Dr. R. Quain, and Mr. S. W. Sibley, with power to add to their number."

3. "That Mr. Spencer Wells be requested to act as

honorary treasurer, and Mr. George Eastes, M.B, as the honorary secretary to the banquet."

4. "That Sir W. Jenner, Bart., President of the Royal College of Physicians, be requested to take the chair at the banquet; and that the invitations be issued in his name and that of the committee."

5. "That medical men only take part in the banquet except as guests."

6. "That all the medical officers of the Egyptian Expedition, with any other gentlemen whom the Dinner Committee may consider it desirable to ask, be invited to the banquet."

7. "That the best thanks of this meeting be and are hereby given to Sir W. Jenner, Bart., for the use of this room, and for kindly presiding on the occasion."

At a meeting of the Dinner Committee, held on Wednesday, the 8th instant, it was resolved that the banquet take place on Tuesday, November 21st, at Willis's Rooms, King-street, St. James's. The price of the dinner ticket is 30s. All applications for places at the banquet must be made to Mr. George Eastes, M.B., 69, Connaught-street, Hyde-park, London, W.; and notice is hereby given that, "the number of places being necessarily limited, applications will be attended to in the order in which they are received."

Correspondence.

"Audi alteram partem."

TESTS FOR ALBUMEN IN THE URINE.

To the Editor of THE LANCET.

SIR,—My paper in your last number was headed "Another New Test for Albumen." I have just now discovered that there is no novelty in the suggestion of picric acid as a test for albumen in the urine. Using Dr. Neale's valuable "Medical Digest" as a means of reference to the various tests which have been employed for the detection of albumen in the urine, although picric acid is not mentioned in the digest except as one of the materials used for adulterating beer, I incidentally came upon a leading article in the *Medical Times and Gazette* (vol. ii, for 1874, p. 366) in which picric or carbazotic acid is mentioned as having been "lately recommended strongly by M. Galippe in the French medical journals, and noticed in the *Edinburgh Medical Journal* for July last" (i.e., 1874). The writer of the article agrees with M. Galippe that this is "one of the best and most reliable tests for albumen in the urine." The only objection to it that he knows of "is the stain given to the fingers by the reagent." But I find that this stain, unlike the yellow stain caused by strong nitric acid, is readily removed by soap and water. The writer ends his article by saying that "none of the common tests" (including picric acid) "are quite satisfactory and that we still lack one which shall be cleanly, portable, cheap, and certain." He appears not to have made sufficient trial of the picric acid test to ascertain its real value; but having experimented with it now upon some hundreds of specimens of urine I claim for it that it possesses all the advantages which the author requires for an entirely trustworthy test. While, therefore, acknowledging M. Galippe's priority in the use of picric acid as a test for albumen in the urine, it is right to point out that my son's experiments, which proved the power of picric acid to coagulate albumen in solution of all its acid compounds, extended over a period of several months and were published in the "Journal of the Chemical Society" in August, 1874; they were, therefore, contemporaneous with, and certainly quite independent of, M. Galippe's observations.

I am, Sir, yours faithfully,

Savile-row, Nov. 8th, 1882. GEORGE JOHNSON.

To the Editor of THE LANCET.

SIR,—I do not know that I can agree with Dr. George Johnson in his prediction that a few of the crystals of picric acid, recommended by him in your last week's issue as a test for albumen, will speedily take the place of nitric acid in all urinary test-cases which are made for carrying in the pocket, but I do think that some form or other of solid reagent will be thus employed and perhaps also will find its way beyond the pocket-case.

For some time past I have been giving attention to this subject, feeling that it would be a desideratum to the medical practitioner to have a reliable test for albumen under such a form. Metaphosphoric acid, which is a solid glacial-looking body, is well known to chemists as a very delicate test for albumen, and I remember seeing, a few years back, its solution proposed for clinical use. Instead of the solution, however, a small fragment may be dropped into the urine to be examined. From very extensive trials extending over a couple of years, I can speak of it as an exceedingly sensitive re-agent and have sometimes found it give a decided indication where heat and nitric acid have failed to show any behaviour. Although an excellent test as far as sensitive behaviour goes, yet otherwise it does not possess all the properties that could be desired. The purer kind of glacial acid sold absorbs moisture from the air too freely to be convenient. There is a more impure form, which I am told contains some metaphosphate of soda, which is not so deliquescent, and which may be broken into fragments, and thus kept for use. This, for between the last two and three years, I have carried in my urinary test-case as a companion to my cupric test-pellets for sugar (I observe Dr. Johnson refers to some Cooper and Fehlings' test-pellets, and presume he alludes to the pellets which have been prepared at my instigation and under my directions, by Mr. Cooper, and which I brought to the notice of the profession about three years ago) and have entirely escaped from the inconvenience occasioned by a reagent like nitric acid. The metaphosphoric acid, however, although deliquescent, does not dissolve quickly, and the undissolved part of the fragment remaining after use is apt to cling to the interior of the tube in such a manner as to be quite troublesome to wash out. I have tried mixing the acid with pounded cane-sugar, chloride of sodium, sulphate of soda, and such like, but have not obtained what I could regard as a perfectly satisfactory product. Latterly I have looked in another direction, and have alighted upon something which has appeared to me to give promise of yielding what I have been seeking for.

The combination of yellow prussiate of potash and acetic acid has been known of old as a good test for albumen, and I have frequently appealed to it when I have wanted the assistance of corroborative evidence. Now, citric acid may be made to take the place of acetic acid in liberating the ferrocyanic acid, which is the precipitant of the albumen. The combination yields a product which is devoid of any obnoxious properties, and possesses the essential quality of ready solubility in water. Probably it will be found that the best way of using it will be as a compressed pellet—the two substances being deprived of the water of crystallization that they will yield, and instead of being previously mixed, perhaps compressed, one on the top of the other. These, however, are details which are under consideration.

Since your publication of Dr. Johnson's communication I have tried the picric acid, which, as a test, answers to all that Dr. Johnson has said of it. One objection, however, belonging to it is its deep yellow staining property; and, also, its form as a solid agent is not a very satisfactory one to deal with. I have tried the picric acid, and the combination of yellow prussiate of potash and citric acid, against each other, and for delicacy the latter seems quite equal to the former. It remains to be ascertained whether it will serve in all cases of albuminous urine; but, on account of the acid present, it certainly serves in alkaline albuminous urine where Dr. Johnson suggests that picric acid alone might possibly fail. I am, Sir, your obedient servant,

Grosvenor-street, Nov. 8th, 1882. F. W. PAVY.

To the Editor of THE LANCET.

SIR,—I am a little surprised to see Dr. G. Johnson advocating the use of picric acid as a new test for albumen in the urine, as it was in use in the wards of the Edinburgh Royal Infirmary when I was a student, ten years ago, and its action on albuminous substances has been long known to chemists. I continued to employ it for several years, using a filtered saturated solution of the acid, into which I poured a few drops of urine. But during my term of office as pathologist at the General Hospital I became convinced that it was a less delicate test than Heller's method of using nitric acid in the cold, while that, again, I gave up for boiling and acidulating with acetic acid. It is important, if we wish to succeed with this last test, that the urine should be clear, and, if necessary, it must be filtered; only the upper half

of the column of fluid should be boiled, and then a few drops of dilute acetic acid are added. The tube should be held against a shaded back-ground, when the faintest haze of albumen can be seen.

I have long been aware that the presence of chloride of sodium favours the coagulation of albumen by heat, and I think some advantage may be obtained by adding a little brine or solution of sulphate of magnesia to those urines of low specific gravity in which the discovery of a trace of albumen is often so desirable to confirm suspicions founded upon other abnormal signs. But I am in accordance with the best authorities when I say that we do not want other tests than these for detecting albumen in the urine. It is doubtless true that many proteids are present in it which may be thrown down by the use of various reagents, but albuminuria should be restricted in its significance to the presence in the urine of an albuminous substance coagulable by heat or precipitated by neutralisation.

We shall hardly make much advance in knowledge if, by the use of a variety of reagents, we confound serum albumen and para-globulin, which gave the above reactions, with various peptones and pro-peptones, which seem to find their way into the urine under, at present, little understood conditions,

I am, Sir, yours faithfully,

Birmingham, Nov. 7th, 1882. ROBERT SAUNDBY, M.D.

To the Editor of THE LANCET.

SIR,—In the year 1874, when I was endeavouring to find some single reagent which should be reliable as a test for albumen, and which also could be carried with safety in my urinary pocket-case, there appeared in the *Medical Times and Gazette* for Sept. 26th, a notice of the picric acid test, attributed therein to M. Galippe. For many months I carefully tried it, but the in end, failing to get full confidence in its reliability, I put it aside. There are two drawbacks to its use: the first, easily avoided, is that excess of albuminous urine redissolves the precipitate; the other, of much more importance, is that the potassium salts will also make a precipitate with picric acid. It fails, then, as a single test in the same way that heat does; and consequently, although it would be very convenient to be able to avoid the use of nitric acid, I am afraid that picric acid will scarcely take its place.

I am, Sir, yours faithfully,

Gloucester, Nov. 6th, 1882. RAYNER W. BATTEN.

THE REPORT OF THE ROYAL COMMISSION ON HOSPITALS.

To the Editor of THE LANCET.

SIR,—It seems important to challenge the conclusion of the Commissioners that "well-conducted" fever hospitals are no danger to their neighbours, and their inference that therefore ill-conducted fever hospitals, like those of the Asylums Board, should be permitted in close proximity to inhabited houses. The danger of small-pox hospitals, so long denied, is now fully recognised; but the Commissioners admit that they have received no evidence as to the spread of disease from fever hospitals, but many assurances to the contrary from hospital authorities. Their opinion, therefore, that fever hospitals are harmless is avowedly based on a hearing of one side only of the case. It is not difficult to understand why the opposing evidence did not happen to be submitted. The Commission sat with closed doors; no one knew what statements had been made to them, and, unless they called for evidence on any particular point impugning the management of hospitals, no one was likely to volunteer it except those persons who had suffered from such mismanagement.

Now of all the populations surrounding the hospitals of the Asylums Board only those of Hampstead and Fulham have had the means and energy thoroughly to investigate the facts; but as the Hampstead and Fulham Hospitals had never been used for fever cases, and as the only official examination into the spread of disease from the hospitals of the Asylums Board (that made by Mr. W. H. Power) was confined to small-pox epidemics, the facts as regards fever hospitals have not received the same searching examination.

A few years ago the Royal Commission, had it then existed, would probably have given equally comforting but equally misleading assurances about small-pox hospitals, and as upon one very important question as regards fever patients—viz., the possibility of conveying them long distances—the Commissioners' conclusions are at variance with well-ascertained facts, a doubt necessarily arises as to the soundness of their conclusions on this the less considered portion of their inquiry. For years past the stock answer of the Asylums Board to all suggestions that small-pox hospitals should be placed far afield was that it had been informed by some high but unnamed authority that patients could not safely be moved more than three miles. This is now admitted to be untrue as regards small-pox, but the old turnip and sheet are still made to do service as "bogie" in the interests of those who desire to retain the Board hospitals and use them for fever in their present unisolated positions. Now, it so happens that this very point was thoroughly investigated years ago by no less an authority on fever than the late Dr. Charles Murchison, as the readers of his work on the "Continued Fevers of Great Britain" will remember, for he found on carefully comparing the mortality amongst patients in the London Fever Hospital brought in from its immediate neighbourhood, with that of patients of the same age and condition brought from places many miles distant, that the additional distance travelled produced no ill effect. If therefore the supposed difficulty of removing fever patients be the only ground for retaining fever hospitals in crowded neighbourhoods, where, unless their rules be observed with a strictness never yet secured, danger must be created, the distant and well-isolated hospitals now at last recommended for small-pox should obviously be made available for all kinds of infectious or contagious diseases. Well-conducted fever hospitals, as has been before pointed out, are perhaps as harmless to their neighbours as well-conducted powder mills; but because rules, however stringent, are, as everybody knows, daily and hourly violated, fever hospitals, like powder mills, should be placed where the public will be safe, not only when the rules are observed, but when they are disregarded. What rule can have more authority than an Act of Parliament? yet the very existence of small-pox hospitals is due to the fact that the Compulsory Vaccination Acts are so often disobeyed.—I am, Sir, your obedient servant,

Belsize-park, Oct. 23rd, 1882. PEARSON HILL.

"A SIMPLE OPERATION FOR VARICOCELE."

To the Editor of THE LANCET.

SIR,—In THE LANCET of Oct. 28th there is a letter from Dr. Campbell Black, which contains some would-be severe strictures upon the mode I used in treating the silk employed in tying the veins in a simple operation for varicocele. Dr. Campbell Black seems to be fully alive to the immense strides which have during the last few years been made in the scientific treatment of surgical diseases by the introduction and application of the germ theory of putrefaction and its prevention to the conduction of surgical operations.

How astonished would the earlier contemporaries of John Hunter have been had anyone attempted to supersede their clumsy and painful arrangement of wire and interposed cork for the occlusion of vessels, by a carbolised catgut or aspecticised silk ligature, cut short and left in the wound. In the present day, however, provided any possible germs in the material be first rendered inert by subjection to a boiling temperature in a germicide solution, and provided that afterwards the material be kept from further germ contact by immersion in the same solution until the moment it is used, one has no hesitation in leaving it in the wound. One can easily understand how, as Dr. Campbell Black observes, such precautions, which ought in the present state of our knowledge to be used by every thinking surgeon, would some few years ago have been regarded as "fetish worship." This is not surprising, however, when we reflect that it is less than a century ago that the operator who tightly ligatured an artery would, had death ensued, have been considered guilty of manslaughter.

Dr. Campbell Black describes a knot which he uses in his varicocele operations as a "reef" knot, and he afterwards goes on to say that it "can be tightened as frequently as necessary by tension of the free ends." Evidently in his anxiety to criticise he has become hazy as to the difference between a "granny" and a "reef," as of course no reef knot could, when once tied, be made tighter by any amount of tension.

I am, Sir, yours faithfully,

York, Oct. 31st, 1882. W. H. JALLAND.

"ON ABSORBENT DRESSINGS, ETC."

To the Editor of THE LANCET.

SIR,—Permit me through you to thank Mr. Berry for his courteous notice of my letter of the 28th ult. As my letter referred to his paper in your issue o Oct. 21st, after much thinking I see no occasion to withdraw a single statement—each was a fact or else an accurate deduction. The premises may have been false.

In his letter of Nov. 4th, Mr. Berry gives a somewhat different account of Case 1 to what appeared in his original paper. In the same letter it appears that Mr. Berry regards erysipelas as a local contagious disorder. I am ever ready to admit my faults, but even yet I must look upon erysipelas as a general infectious disease, accompanied by fever and a local manifestation in the form of a rash, which (of course) does not necessarily appear where the germs gained access into the system. Of course it may. I need not discuss its pathology; better men than I have done so already.

Next, Mr. Berry proceeds and misquotes me, leaving out an important word. Nor did I impute death (in the fatal case) to the dressing; I merely introduced the case as not having been reported in the original paper. I freely admit the existence of a *vis medicatrix naturæ*, also there is not to be forgotten the *vis maligna*.

With regard to case 4, I think Mr. Berry admits to himself that I was right. He endeavours to find fault with my logic, but fails. Because he gets confused he gives a positive meaning to "learn (?)," which has a sign after it indicating doubt. Mr. Berry seems, from his letter and his paper taken together, to consider that "abundance of carbolic spray and lotion" constitutes the antiseptic system of Lister. This is a fatal error. Gamaliel was not a surgeon.

Finally, are we to lay aside the modern antiseptic (not the abortive or modified of Wigan) system which has been followed by the best results in hundreds of cases for the sake of four cases treated in some other way, two of which did best where some attempt at antiseptic treatment (accidentally in one case, as Mr. Berry admits) had been employed?—I am, Sir, yours truly,

Brighton, Nov. 4th, 1882. H. ROGERS-TILLSTONE, M.B.

MANCHESTER.

(*From our own Correspondent.*)

MANCHESTER is justly elated this week at finding itself an *alma mater*. This city opened its arms to receive the Gown, on Wednesday last, in our noble Town Hall. The occasion was the conferring of degrees by Principal Greenwood; and among the associates who were entitled to receive that honour at his hands were fourteen members of the medical profession.

The worthy Principal of Owens College, clad in red raiment, supported on either side by the Archbishop of York and the Bishop of Manchester, gave us an address in which, after a sympathetic allusion to the private sorrow that had caused the absence of the Chancellor, the Duke of Devonshire, he told us that almost exactly 240 years ago a petition was presented to Parliament urging the necessity of a university in the North of England. In answer to various critics, one of whom "foresaw that Pegasus was about to be yoked to a cotton mill," he reminded us that the "orators and historians of Athens were wont to boast that their city was at once the mart of the world and the school of Greece, the most favoured seat of commerce, and the chosen home of art and letters, of eloquence and philosophy."

On the previous Friday we had the annual dinner of the Medico-Ethical Society, which, thanks to the able superintendence of the stewards, Messrs. Ewart and Dacre Fox, and the culinary resources of the Queen's Hotel, passed off most creditably. There were about fifty members and visitors present, and after the usual loyal and patriotic toasts had been duly honoured, the President of the Society, Mr. Hardie, rose to introduce the toast of the evening, "The Medico-Ethical Society, coupled with the name of Dr. Stone, the oldest member present." The President showed us that this excellent institution has done much for ethics, and is the parent of all similar societies in the kingdom, and that its tariff of fees has been largely copied by them without any acknowledgment.

Owing to the resignation of Mr. Lund through ill-health, Mr. Hardie has been appointed Surgeon to the Royal Infirmary. For the assistant-surgeonship thus left vacant there are three candidates:—Mr. Wright, Mr. Howlett, and Mr. Young. Mr. Wright is B.A. and M.B. Oxon., a Fellow of the College of Surgeons, Surgeon to the Children's Hospital, and Surgical Registrar to the Infirmary. Mr. Howlett was recently Resident Surgical Officer to the Infirmary, and is a Fellow of the College. Mr. Young is also a Fellow of the College, Pathologist to the Infirmary, and Surgeon to the Throat Hospital. The contest promises to be a keen one.

Nov. 6th, 1882.

EDINBURGH.

(*From our own Correspondent.*)

THE number of students who have so far matriculated is, I understand, some 300 more than at the corresponding period of last year. Whether the chief increase is in the faculty of medicine is not yet known. All the University medical classes are very large, some of them larger than they have ever been before. Professor Chiene must have at least 400 students, for he has been obliged to leave his own class-room for the Anatomy theatre, but it is not at all too large. The extra-academical classes, on the other hand, are as a rule very small, Dr. John Duncan's being, so far as I have been able to ascertain, considerably larger than any of the others.

On Saturday afternoon Lord Rosebery delivered his rectorial address to the students of the University, in the United Presbyterian Synod Hall. It is probable that between 2000 and 3000 students were present, and the preliminary proceedings were riotous to a degree. Fully an hour before the time appointed for the delivery of the address the students began to assemble in front of the hall, and, while waiting for the doors to be opened, peas were freely thrown about, and the glass of one of the large lamps at the entrance-gate was broken. About the same time the new Professor of Greek drove up in a cab, and was cordially cheered. Evidently not aware that the gate was still closed, Professor Butcher made his way towards it. No sooner had he got within sight of the door than the cry was raised, "Let's give him a squeeze." This suggestion was at once acted upon, and attempts were made to knock off the professor's hat with walking-sticks. The professor, whose coat was torn in the scuffle, took his rough reception with great good-humour and eventually was able to shake himself clear of the crowd. After the doors were opened the galleries and body of the hall were speedily filled, and the same disorderly proceedings were indulged in. Soon after two o'clock the Lord Rector, the Chancellor, the Principal and Professors of the University and other officials ascended the platform, but the same riotous proceedings continued. While the introductory prayer was being delivered by Professor Flint, great and unseemly uproar prevailed. Repeated cries of order from the platform failed to produce any effect on the students. Professor Kirkpatrick then proceeded to present to the Chancellor the nobleman and gentlemen recommended for the degree of LL.D., but he fared no better at the hands of the students; the remarks he made being, in consequence of this continued uproar, entirely inaudible to any save the Chancellor and the gentlemen receiving the degrees. Indeed, it was not until the Lord Rector proceeded to deliver his address that quiet was at length obtained. After thanking the students for his election, Lord Rosebery paid a graceful tribute to his predecessor, the late Sir Robert Christison, and said, "In this place, where you all knew him, it is unnecessary to speak to you of Sir Robert Christison, nor am I competent to pay a tribute which should be worthy of his fame. What I can speak of him from personal knowledge was his unwearied energy, his faithful performance of public duty, and his rare devotion to this University." The general subject of the address was patriotism, especially as applied to Scotchmen and Scotch students. Lord Rosebery commended to the students the cultivation of national sentiment. He was careful to say that of Scotch character he did not mean peculiarities of custom or accent.

It was not by "the mere utterances of time-honoured shibboleths, nor by constituting the plaid a wedding garment, without which none is welcome," that Scotland was made; nor by these means would Scotland be maintained. The address, which was at the same time both eminently eloquent and practical, was listented to with great attention, the most striking passages being loudly applauded. After the delivery of the address the same uproar which characterised the commencement of the proceedings prevailed.

GLASGOW.

(From our own Correspondent.)

THE appointments in connexion with our Sick Children's Hospital have been made public. They are as follows:—Physicians: Professor Leishman, Dr. J. Findlayson, and Dr. S. Gemmell (extra physician); Surgeons: Dr. H. C. Cameron, Dr. Wm. McEwen, and Dr. W. J. Fleming (extra surgeon); Pathologist: Dr. Joseph Coats; Oculist: Dr. Thos. Reid; Aurist: Dr. Thomas Barr; Dentist: Mr. Rees Price. With the exception of Mr. Price, all these gentlemen already hold other hospital appointments. The hospital is now on the eve of completion, and will probably be opened before the close of the year.

The Faculty of Physicians and Surgeons has resolved to institute a qualification in State Medicine, to be granted only to men already having a licence to practise. The nature and extent of the curriculum required, and of the examination, have not yet been determined.

The Faculty has now seriously taken alarm at the evident effect produced on the public mind by the report, somewhat adverse in its references to the Faculty, which has been furnished by the Royal Commission on the Medical Acts. Notwithstanding the very favourable notice of the Faculty's examination by the visitors sent down by the General Medical Council, it is recognised that the mind of the profession across the border is still hostile to this particular Corporation. A committee of the Faculty has therefore been appointed to consider these reports and the evidence on which they are based; though it is not yet clear what public action it may take with the view of refuting the charges brought against it, and of bringing its true standing and practice properly before the profession and the country at large. It is strongly felt here that the Faculty has been grossly maligned, and its procedure in regard to examinations misrepresented. It has for centuries rendered incalculable service to the profession in the West of Scotland, through its magnificent library, the general care it has taken of medical interests, and the encouragement it has always given to scientific study and work by its consistent and liberal recognition of extra-mural teaching. Its downfall would be felt as a calamity in this part of the country.

Our medical schools are again in full swing. At the University the session was opened by a characteristic and enjoyable address by Professor Gairdner, in which the past and present systems of medical education were ably reviewed, and reference was made to the immense progress made, especially in diagnosis, of late years.[1]

The commencement of the session at the Royal Infirmary School of Medicine was marked by a little extra ceremony and importance, as the new school buildings are now in use for the first time. The speeches were delivered, one by the Lord Provost of Glasgow, and one by Dr. Eben. Watson. The Lord Provost showed his usual familiarity with medical and public health matters, and expressed his regret that among the classes conducted at the infirmary, no room had been found for a course on hygiene. He frankly admitted, however, that neither the town nor the county authorities have shown by the salaries they give to their health officers, that they estimate at their true value the services rendered by these gentlemen; and so it is probably too much to expect that the medical profession, which gives of its services so much gratuitously already, should be very forward in making a new departure in the direction indicated. Dr. Watson's address was given with the eloquence and point of which he is admitted to be so complete a master.

The conversazione which took place at the inauguration of the new buildings for the Infirmary Medical School, was a most brilliant affair. There was a little good music, but no speeches, beyond a few introductory remarks by Dr. Wm. McEwen; Messrs. Hilliard showed a number of medical, surgical, and obstetrical instruments; various druggists exhibited whatever was new in the way of pharmacy; Drs. Fleming and Newman gave demonstrations of the most recent novelties in physiological and pathological research; while the commissariat arrangements gave the greatest satisfaction to everybody, including the students. Probably it was the facilities provided for anatomical studies that attracted most attention, especially the "osteology" room—why not bone-room? The elder practitioners (of whom and of students there were over 300 present) were unanimous in saying that they enjoyed no such advantages in their student days.

The effect produced on many present by all this display was striking. Some did not hesitate to assert that the rival school, the Andersonian College, was completely left behind, so far as thorough equipment can be said to make or mar a school; and that if it intended to maintain its position in the field it would need to put forth a very mighty effort. It does seem as if that school had missed its day of grace in failing to amalgamate with the Royal Infirmary School.

Perhaps the ablest, certainly the bitterest, of all the introductories given during the last few days was that of Mr. D. C. M'Vail, at the opening of the Western Medical School. It took the form of a history of medical education in intra-mural and extra-mural schools, but its substance and culmination were a fierce attack on Glasgow University, for its alleged illiberal conduct in, till very recently, refusing to recognise intra-mural lecturers, and thus endeavouring to establish and maintain for itself a strict monopoly of medical teaching in the West of Scotland.

At the Andersonian College the medical session was opened by a very interesting address by Dr. James Christie.

SCOTTISH NOTES.

(From our own Correspondent.)

PROFESSOR HAMILTON, in his inaugural address to the pathology class at Aberdeen, delivered on Nov. 1st, gave a history of the endowment of the chair by Sir Erasmus Wilson, whose life he sketched; he showed how the intimacy between Professor Pirrie and the generous donor had led to the worthy gift of £10,000 to his father's *alma mater*, and afterwards proceeded to point out the objects in view and the subject to be taught by him. After a rapid survey of the history of his subject, he showed how from the "theory of medicine" pathology had come to be considered as the "science of medicine"; how, based upon a thorough knowledge of histology and physiology, the end in view was to ascertain the *causes* of disease. As illustrating what had in recent years been done in this direction, the lecturer referred to the success met with in determining the etiology of zymotic diseases, while the manner in which many skin affections were associated with constitutional disorders was still a matter of surmise only. Pathology at the present time resolved itself into—1st, minute anatomy; 2nd, experimental investigation; and, 3rd, the comparative study of diseases in the lower animals. The first of these was the basis of all therapeutical deduction, and when thoroughly acquired can be put in constant use at the bedside, and is easily carried about. It was his determination that, as far as possible, the subject should be taught practically, the only sound and useful method of teaching pathology. He wished to discourage all supercilious dilettantism, and reach forward with a determined purpose, "Heart within and God o'erhead."

Professor Stirling in his introductory lecture to the physiology class, after referring to the recent changes in the Aberdeen University, went on to consider the connexion existing between physiology and other departments of medical study, and finally to urge its importance in relation to our every-day life. Dr. Stirling spoke of the importance of considering the relationship between man and the lower animals, and illustrated, by reference to the work of Pasteur and of Koch, the advantage to animals as well as men of experimental inquiry. Proceeding to push the comparison further, the studies of Sir John Lubbock and Dr. Romanes were invoked as hopeful evidence that psychology might also be

[1] This address will appear in our next impression.—ED. L.

advanced by comparative study. The whole question of mind in the lower animals bears intimately upon the "Theory of Descent," and a question at present before evolutionists is, Is the mind of man distinct from that of the lower animals, or has it been evolved from the "mind" of the lower animals? Mr. Wallace answers the first question, and Mr. Darwin the second, affirmatively. The study of infant psychology is here of great interest and importance, and Mr. Darwin was amongst the first to examine the question. Recently Professor Preyer of Jena has published an elaborate work detailing in the most minute manner very numerous observations made regarding the mental development of his own child, and showing the vast influence of heredity. He is clearly of opinion that the intelligence of a child—even before it can speak a word—is ahead of the most intelligent animal. While the anatomical resemblance between man and the higher apes is of great interest, this question of mental evolution must have much study in the future, and the answer will be assisted by regard to the various degenerations to which the mind is liable. After showing the further connexion between physiology and other medical studies, Professor Stirling concluded an eloquent address by urging the importance of teaching physiology in schools, and to the young people generally, and more especially to girls. Quoting M. Paul Bert, he said: "When you educate a boy, you, perhaps, educate a man; when you educate a girl, you are laying the foundation for the education of a family."

After so recently having had the pleasure of directing the attention of your readers to Dr. Struthers' efforts to obtain the foundation of bursaries for the students at Aberdeen it is very satisfactory to record what has already been done in response to the appeal. At the meeting of the Senatus held last Saturday it was intimated that George Thompson, Esq., of Pitmidden, had offered the sum of £6000 to be applied in the foundation of medical bursaries. It was resolved cordially to accept the gift, to record best thanks to the donor, and to send him a copy of the minutes. Mr. Thompson has shown great liberality, alike in the amount of money given and in the manner in which it is offered to the Senatus, that body being allowed full discretion as to the particular way in which the object stated shall be served. The Senatus will not be placed in any difficulty by this handsome bequest, as there are very numerous needs to be supplied, and it is certain that the fullest good will be done with the money by those having the best knowledge of the wants of the university. Added to the recent grant by Mr. Marr, this sum will form an excellent nucleus, and ere long Aberdeen may be enabled to offer the same attractions to medical students which have so long proved useful in the other Faculties. Only a few weeks ago Mr. Thompson gave £4000 to local charities.

The students at Aberdeen have petitioned the Senatus against having pathology embraced as a compulsory subject in their curriculum. Students joining now and hereafter will of course do so knowing that subject to be compulsory, but there is something to be said for those who feel that the new chair was not embraced in the course when commenced by them. Even though optional to present students, the majority will probably find it advantageous to take Professor Hamilton's class.

At a recent meeting of the Perth Water Commissioners a resolution somewhat to the following effect was carried by a majority: "That an opinion of counsel should be taken as to whether some recent statements by Dr. Trotter are libellous, and if competent, that an action should be raised against that gentleman." It appears that the gentleman referred to, feeling that the typhoid fever now and frequently prevalent in Perth is due to the admixture of sewage with the water-supply—an opinion shared by the profession in that city—has expressed himself very strongly on the subject.

IRELAND.

(From our own Correspondent.)

DISSECTING by gaslight has been found to be unsatisfactory, and in consequence the Board of the Ledwich School of Medicine have made arrangements to have introduced into their dissecting-room one or more electric lamps. I believe the result will answer all expectations; and there is no doubt but that the good example shown by this school, the largest in Dublin, will conduce to its prosperity and to the advantage of the students at the institution.

The annual elections for the Council of the Surgical Society of Ireland took place last Monday in the College of Surgeons. No votes were recorded except by members of the Society, who were either Fellows of the College of Physicians or Surgeons. The only change was the addition of Mr. Kendal Franks of the Adelaide Hospital, who replaced a member of Council, who has been elected a vice-president of the College.

Collections in aid of Hospital Sunday will take place on Sunday next, the 12th inst., when upwards of 200 churches will join in the movement. It has been usual for the past few years for a football match to be held the Saturday previous, and the sum obtained, generally upwards of £40, after all expenses have been paid, is handed over to the Hospital Fund. This year the fifth annual match will take place on the 11th inst., when one of the finest contests of the season will be played by teams representing the County Dublin, and the United Hospitals.

A slight increase in small-pox appears to have taken place in Belfast during the last week, eight fresh cases having been admitted to hospital, making a total of fourteen under treatment.

It is intended by the students of Mercer's Hospital to present an address to Dr. George F. Duffey, who recently resigned the post of physician to that institution.

Dr. Atthill, master of the Rotunda Lying-in Hospital, will vacate his post this month, after a seven years' tenure of office. The name of Dr. Macan, ex-assistant-physician, has been mentioned as a probable successor. The appointment is a very important and lucrative one, and is in the hands of the governors.

In the report of the Reformatory and Industrial Schools in Ireland for the past year it is remarked that a very large majority of the deaths in 1881, in industrial schools, was from scrofula and tuberculosis in their various forms. Von Niemeyer states that one of the primary causes of scrofula amongst children is the coarse diet to which they have been accustomed before admission into reformatory and industrial schools. Such food, containing little nutriment in comparison to its bulk, is insufficiently assimilated by their tender stomachs. The normal functions are thus checked, and an impoverished and vitiated circulation is created, which renders them peculiarly susceptible to receive and nourish the germs of tuberculosis that float in an atmosphere vitiated by the breath of consumptive children. It has been observed that peat bogs check, in a marked degree, the development of consumption. In 1854 the Directors f Convict Prisons found the prisoners in Spike Island, Cork, dying in numbers from consumption and other scrofulous diseases, the mortality in that year being 289 out of a total of 3701 inmates of convict prisons. The directors established an invalid depôt at Philipstown, which is situated on a gravel bank in the midst of a bog. The deaths were reduced in the following year to 149 in a total prison population of 3147, and in 1856 the number of deaths fell to 54. The Philipstown Reformatory, with an average of 290 inmates, on the site of the above-mentioned convict depôt, enjoys an almost perfect immunity from the disease. There was no death in it during 1881, and only one from consumption in the two previous years. In the Glencree Reformatory, also situated on a bog, with an average of 276 inmates, there has not been a single death from tubercular diseases during the past three years. On the other hand, in the Upton Reformatory, with an average of 243 inmates, there were 5 deaths from consumption last year, 2 in 1880, and 3 in 1879.

PARIS.

(From our Paris Correspondent.)

THE diagnosis of syphilides is not at all times an easy matter, and any contribution to the literature of the subject will always be acceptable. Dr. Mauriac, Physician to the Hôpital du Midi, the well-known hospital for venereal affections in the male, delivered a very interesting lecture on the subject which may be summarised as follows: In giving a description of the topography of syphilides, Dr. Mauriac observed that their distribution on the different regions of the body presents certain peculiarities which are not found

in other affections of the skin. Erythematous syphilide is found principally on the trunk and flanks, on the inner parts of the limbs and on the flexor more than on the extensor aspect. The papular form has its seat of predilection on the face, the alæ of the nose, and on the forehead at the roots of the hair, the upper part of the neck, the trunk and on the limbs in all directions. The scaly forms, with all their varieties, invade principally the palms of the hands and the soles of the feet. Pustular syphilides, superficial and impetiginous, affect the scalp, the beard and, in general, the regions covered with hair. Ecthyma and rupia attack by preference the limbs, principally the lower limbs. As for tubercular eruptions, they are disseminated all over the body. Thus it may be seen that syphilitic eruptions may affect the entire cutaneous covering of the body. There are, however, some parts of it which would seem to form exceptions to this rule, such as, for instance, the clavicular and sternal regions, where simple and parasitic eruptions are so common. The same may be said of the back of the hand, and this remark is particularly applicable to the exanthemata. Papulo-squamous eruptions are never seen on the limbs on the extensor surface, at least systematically, as is the case with one of the most common and most typical of non-syphilitic eruptions, psoriasis. The natural orifices, the commissures of the lips, isthmus of the fauces, orifices of the nostrils, the vulva, and anus, are the seat of predilection of the earlier syphilitic eruptions, and, among others, mucous patches are there particularly noticed. The circular forms of simple erythema may be found on all parts of the body; whereas the same forms of erythemato-papulous syphilides affect by preference the chin, the cheeks, forehead, the neighbourhood of the anterior and internal parts of the limbs and the buttocks. The syphilides appearing later and affecting the tissues deeply are generally situated on the nose, lips, scalp, the sternal and clavicular regions, the buttocks, and more frequently on the legs near the joints than on the thighs.

Madame Madeleine Brès, one of the few French ladies who have become doctoresses of the Faculty of Medicine of Paris (for I may say *en passant* that French ladies in general are not at all partial to the study and practice of medicine), has submitted a paper, through M. Wurtz, to the Academy of Sciences on an analysis of the milk of the Galibis women, the savages referred to in my letter to THE LANCET of Aug. 12th last. Both the women from whom the milk was taken are multiparæ. One is suckling her sixth child, three months old; the other her seventh, two years old, and in which dentition is complete. The following is the result of the analysis obtained from a kilogramme of milk:—

	A.	B.
Butter	34·70	51·96
Casein	9·54	13·12
Lactose	74·78	77·70

The analysis was performed according to the method adopted by Dr. Adam, and shows that the two samples of milk were rich in butter and lactose, whilst the proportion of casein was, on the contrary, extremely feeble, thereby approaching more to the composition of cow's milk. It may be interesting to give the analysis by MM. Bouchardat and Quevenne of the milk of women in general:—

Heat-forming substances—Butter	20·73
Lactine and extractive matter	74·20
Plastic substances—Casein	13·68

Although the winter session is supposed to begin on October 15th, the doors of the Faculty are not opened for the courses before the first week of November. The following is a list of the Professors who are to lecture during the session:—Prof. Gavarret, Medical Physics; M. Gariel, General Physics; Prof. Jaccoud, Medical Pathology; Prof. Sappey, Anatomy; Prof. Bouchard, Pathology and General Therapeutics; Prof. Wurtz, Medical Chemistry; Prof. Duplay, Surgical Pathology; Prof. Le Fort, Practical Surgery; Prof. Robin, Histology; Prof. Cornil, Pathological Anatomy; Prof. Laboulbène, History of Medicine and Surgery; Prof. Brouardel, Forensic Medicine; Profs. Germain Sée, at the Hôtel Dieu; Lasègue, La Pitié; Hardy, La Charité; Potain, Hôpital Necker, Clinical Medicine; Prof. Ball, at the Sainte-Anne Asylum, Clinical Pathology of the Mind and Brain; Prof. Parrot, Hospice des Enfants Assistés, Diseases of Children; Prof. Fournier, Hôpital Saint Louis, Syphilitic and Cutaneous Affections; Prof. Charcot, La Charité, Diseases of the Nervous System; Profs. Gosselin, La Charité; Richet, Hôtel Dieu; Verneuil, La Pitié; Trélat, Hôpital Necker, Clinical Surgery; Prof. Panas, Clinical Ophthalmology; Prof. Depaul, Clinical Midwifery.

In addition to the above, supplementary courses are given by *agrégés* of the Faculty on the various branches of medical science. There are also a number of free professors who give lectures, and whose instruction is officially recognised.

The typhoid epidemic in Paris may now be considered fairly on the decline, as, according to the mortuary report of last week, the mortality from that affection has declined from 173 of the preceding week to 125. The number of cases in town and the admissions into the hospitals have also considerably diminished, and during the last three or four days no fresh cases have been reported. The number of deaths from all causes in town and in the hospitals amounted to 995, that of the preceding week being 1077. The number of births recorded for last week was 977, and marriages 467.

Nov. 7th, 1882.

MEDICAL NOTES IN PARLIAMENT.

Scarlatina at Arklow.

IN the House of Commons on Thursday, Nov. 2nd, the Chief Secretary for Ireland answered a second series of questions by Mr. Corbet on the subject of an outbreak of scarlatina in the constabulary barracks at Arklow. The medical attendant ordered the removal of the children affected with the disease into the hospital, and the others went into lodgings with their parents in the town. The sub-inspector was not aware that there was any "consternation" in the town in consequence. It was not 11 o'clock at night, but 9, when the children were removed. The inspector found fault with the head-constable for inviting the men to express want of confidence in the medical officer, but there was no formal censure. The head-constable's removal was wholly unconnected with the question of medical attendance. There was no stoppage from the men's pay on account of medical attendance.

The Vaccination Acts.

Mr. Hopwood asked the Home Secretary if his attention had been called to a case of distraint under the Vaccination Acts, at Bedford, in which, for a fine of 11*s.* 6*d.* laid on March 13th, 1882, goods had been seized of the value of eleven guineas, on Sept. 6th, 1882, six months after the case was heard, and while the parents were mourning for the loss by death of the child for the non-vaccination of which the prosecution was instituted; and if he would make such representations to magistrates, or issue such instructions, as would prevent in future similar proceedings.—Sir W. Harcourt said he had no official information of the case. He must point out that he had no power to set aside the distraint, and when the hon. member talked about issuing instructions to magistrates which would prevent them putting the law in operation, he must say he had often stated in the House that he had no power to direct anything of the kind. If the law was put into execution in a harsh manner, the Secretary of State had, under limited conditions, power to interfere with the sentence, but he had no power to interfere with judicial functions.

On Monday, on the motion of Mr. Dodson, a copy was presented of a memorandum by the medical officer of the Local Government Board, on the probable origin of erysipelas at the Norwich public vaccination station in June 1882.

The Murder of Dr. Maclean.

Sir C. Dilke stated to Dr. Cameron that Her Majesty's representative at Santiago was instructed to press upon the Chilian Government the claim of the relatives of Dr. Maclean, late physician to the British Legation, for compensation for his murder by Chilian soldiery in January last.

Bristol Sanitation.

Mr. Macliver asked the President of the Local Government Board if his attention had been called to the action of the sanitary authority at Bristol in summoning the owners (chiefly working men) of seventy-four houses condemned by the medical officer of health, these houses having been erected on the strength of the official sanction of the plans; and, whether such proceedings, without compensation to the owners of the property, were approved by the Board.—Mr.

Dodson replied that the medical officer of health reported a number of houses as being unfit for human habitation, because they were built on low lands, which were liable to be flooded whenever there was an excess of rain. It was true the plans were approved by the sanitary authority as in accordance with their by-laws, but the approval referred to the construction of the buildings, and not to the sites. The Local Government Board had no control over the sanitary authority in the matter, but the case must be brought before the justices, and it would be necessary to satisfy the justices of the unfitness of the houses for habitation before they could be closed.

Importation of Drugs into Japan.

In answer to Mr. Alderman Fowler, Sir C. Dilke said he was not aware there was any recent interference with the importation of drugs and chemicals other than medicinal opium. There were restrictions imposed by Japanese law on the sale of bad and spurious drugs, and such articles had to be submitted to the examination of a Board of Health before they could be sold. There were complaints in 1879 that certain drugs were unfairly condemned, but none had been made since that time.

Queen's Cadetships.

Dr. Lyons asked the Secretary of State for War, if, under existing regulations, the sons of medical officers of the army were ineligible for nomination to honorary Queen's cadetships; and, if he would take steps to remedy this inequality in the position of the Medical Department which was felt as a slight to those who risk their lives in the service of the State.—Mr. Childers reminded his hon. friend that Queen's cadetships were open to the sons of medical officers. As to Queen's honorary cadetships, the arrangements were under consideration; but he could give no assurance that he could extend the system, which was a delicate one to alter.

Surgeon Wheeler and the Irish Government.

Mr. Gibson asked the Chief Secretary to the Lord Lieutenant of Ireland whether Surgeon William Ireland Wheeler, Vice-President of the Royal College of Surgeons, at the request of the Irish Government, attended Mr. Carter, who was, in the month of March last, fired at and dangerously wounded in the county of Mayo; whether Surgeon Wheeler paid many visits to Mr. Carter in Mayo, leaving his large practice in Dublin for the purpose, and reported the result of each visit to the Irish Government, and whether Surgeon Wheeler duly furnished his account for such attendance to the Irish Government, and had not been paid.—Mr. Trevelyan replied that Mr. Morony, resident magistrate, reported to Mr. Burke, the late Under Secretary, that Mr. Carter expressed a wish to have the professional aid of Mr. Wheeler, who had previously attended him. Mr. Burke thereupon intimated to Mr. Wheeler that if he visited Mr. Carter, and if that gentleman was unable to pay his fees he must submit a claim for the consideration of the Government. Mr. Wheeler paid many visits to Mr. Carter, and reported the result of each visit to Mr. Burke. He had since furnished an account to the Government for £1147 18s. for his services, and for fees of fifty and twenty-five guineas for two assistants who accompanied him. Mr. Carter stated he was unable to pay the account, and had made a claim for compensation for his injuries. Pending the result of the claim, the Government could come to no decision on Mr. Wheeler's demand. Mr. Gibson gave notice that he would ask that the correspondence between the Irish Government and Mr. Wheeler be laid on the table.—Mr. Healy said he would ask whether there was any record at Dublin Castle of eminent surgeons being sent by the Government to attend persons wounded by the police.—In reply to another question by Mr. Biggar, Mr. Trevelyan promised that the Irish Local Government Board would make inquiries into the alleged ill-treatment of a pauper lunatic woman named Malcolmson, who had been removed from Bothwell in Scotland to Downpatrick in Ireland.

Militia Surgeons.

A petition was presented from the North of England Branch of the Medical Association for redress of the grievances of militia surgeons.

Regimental Surgeons.

On Thursday, Sir H. Fletcher asked the Secretary of State for War if he would consider the advisability of reverting to the old system of appointing regimental surgeons and assistant-surgeons to every regiment in her Majesty's forces.—Mr. Childers reminded the honourable member that the present arrangement of the medical service, which was commonly called the general, as opposed to the regimental system, was finally decided upon by the late Government when Lord Cranbrook was Secretary of State, as recently as 1878. Lord Cranbrook's final words were, "The regimental system has gone, and it will be impossible to recall it." If the present system should appear to be faulty, he (Mr. Childers) should have no hesitation in reforming it, but at the present moment he had no intention of reverting to an arrangement which had been so recently condemned.

Dr. Wheeler's Claim.

Mr. Trevelyan, in reply to Mr. Gibson, repeated his former statement as to the postponement of the consideration of Surgeon Wheeler's claim; and in reply to Mr. Healy, said there were instances during the last two or three years in which eminent surgeons had been employed to attend upon persons in indigent circumstances, injured either by the police or agrarian offenders, and the fees had been paid out of the law charges.

Lunatics in Workhouses.

Mr. W. Corbet asked the President of the Local Government Board if his attention had been called to the evils arising from overcrowding in the lunatic wards of workhouses, especially at St. Pancras and at the Dudley Union Workhouse; whether with reference to the latter he had noticed the following passage in the last report of the Commissioners in Lunacy, pp. 159-160:—"Attention has been drawn by the Visiting Commissioners for several years past to the overcrowding of the lunatic wards, but it continues to be as great as ever, and nothing has been done, nor as far as I can learn is anything in immediate contemplation with a view to remove or abate the evil which in the male lunatic ward day-room is indeed becoming worse every year;" whether he had noticed the following extraordinary statement of the Commissioners:—"In the dormitories of this ward also the beds are so close that they touch each other at the sides, and the patients have to climb into and out of their beds over the bottom," with other observations of a painful character; and whether he would take immediate steps to remedy the evils complained of.—Mr. Dodson said attention had been called to the evils referred to at St. Pancras and Dudley. The guardians of St. Pancras had during the present session obtained a Bill to acquire land; plans had been prepared, and when alterations were made he believed the evils would be removed. The overcrowding at Dudley being reported, the Local Government Board urged the guardians to take steps to remedy the evil. Plans were submitted, but were held to be inadequate. Amended plans were prepared, and were now under consideration. As to the workhouses generally, he did not think the wards were overcrowded, nor had any complaint been made of the treatment of lunatic inmates.

Colonel Colthurst asked whether it was the intention of her Majesty's Government to take action with respect to the better treatment and disposal of lunatics in Irish workhouses, in accordance with the recommendation of the Commission appointed in 1878.—Mr. Trevelyan said a report was made to the late Government in 1879, recommending that the whole of the pauper lunatics should be placed under a separate department of the Local Government Board. The questions with which it dealt were so extensive that he could not pledge the Government to any definite course, but he would look into the matter further upon his return to Ireland.

SALFORD ROYAL HOSPITAL.—The fifty-fifth annual meeting of the subscribers to the Salford and Pendleton Royal Hospital and Infirmary was held on Monday at the Town Hall, Salford. The Mayor of Salford (Mr. Alderman Husband) presided. The treasurer of the institution read the annual report, from which it appeared that the number of patients admitted during the year had been: out-patients, 4321; accident patients, 4525; home patients 2606; hospital patients, 452: total 11,904. A more favourable account was able to be given this year of the financial condition of the hospital than was possible at the last annual meeting. The improvement was due mainly to the receipt of two instalments of £10,000 each of a legacy of the late Mr. J. Pendlebury. It was resolved to call a special meeting of the governors to discuss the desirability of continuing or abolishing the system of recommendation.

Obituary.

GEORGE CRITCHETT, F.R.C.S.

THE death of this esteemed and skilful surgeon and oculist has made a gap in professional and social ranks which it will be difficult to fill. Mr. Critchett had been suffering for eight weeks from cystitis and enlarged prostate and granular kidney, and died on the morning of Nov. 1st, having received all the aid that medical and surgical art could afford at the hands of Mr. Henry Morris, Drs. Andrew Clark and Liveing, and also Sir Henry Thompson and Mr. Walter Coulson. His death was apparently somewhat sudden, for he had, until the commencement of this his last illness, shown no signs of failing health, but had been throughout the past season attending to his practice with unabated vigour and success, as well as attending the meetings of the Ophthalmological Society, and performing all his numerous social engagements with his accustomed hospitality and courtesy. He was born in 1817, was apprenticed to Mr. John Scott of the London Hospital, where he entered as a student. He became a member of the Royal College of Surgeons in 1839, and Fellow in 1844 by examination. Before he rose to fame as an oculist he did much good work in general surgery at the London Hospital, where he was appointed demonstrator of anatomy, and afterwards (July 14th, 1846) assistant-surgeon, which latter office he held until his promotion to the office of full surgeon, in August, 1861. For fifteen years he faithfully discharged the arduous but unattractive duties of an assistant-surgeon at the London Hospital (duties more irksome in those days than now), but during this time he showed himself a master-hand in surgery, and established one or two very valuable methods of treatment, especially in ulcers of the lower extremity. He held the office of surgeon barely two years (from August 13th, 1861, to June 3rd, 1863), and resigned the more remunerative post for which he had laboured so long, solely in obedience to a feeling that he could not in fairness hold it longer, as he was so rapidly becoming absorbed in the work of ophthalmology at Moorfields and in private practice. He had, however, shown great skill as a surgeon and operator in other branches besides the eye; and demonstrated the fact, that while possessing the neatness and delicacy of touch for special eye operations, he had also the boldness and capacity for operations of larger magnitude, and there are many now living who can remember with pleasure his lithotomies and excisions of large joints

Throughout nearly his whole professional life he had been associated with the Moorfields Eye Hospital, and it was here that the work which was most congenial to his tastes was found. As an operator he was perhaps unsurpassed. His views upon treatment were clear and precise. He was kind, courteous, and considerate to a degree, and in the height of his prosperity had always great regard for his less fortunate brethren. He was generous to a fault, but much of his generosity was not generally known. Nothing could exceed his delight in dispensing hospitality. His capacity for so doing was greatly increased by his refined taste in the arts, and his love of manly sports.

He became a Member of Council of the Royal College of Surgeons in 1870, and was President of the Hunterian Society for two successive years. In 1876 he succeeded Mr. Hulke as ophthalmic surgeon and lecturer on ophthalmic surgery at the Middlesex Hospital. As a teacher Mr. Critchett's influence was for the most part personal, but it was nevertheless profound. Its operation may be still traced in those who were his juniors and successors at Moorfields in 1854. He published in THE LANCET a course of lectures on ophthalmic surgery—a most masterly exposition of all information on the subject at that date, and containing many valuable original ideas.

The influence he has exercised in modern ophthalmic surgery has been very great, especially in operative procedures, for in nearly all operations, by his peculiar skill and care, he wrought small changes which guided others to some of the more important modifications, but the method of dividing the recti muscles by means of hook and scissors subconjunctivally was peculiarly his own, as was also the method of enucleation now usually practised. He devised the operations of iridodesis and abscission, and although these procedures had to be abandoned for reasons that could not have been anticipated, they manifested the resources of an ingenious mind.

BHOLA NATH BOSE, M.D., M.R.C.S. LOND.

WE regret to announce the death of Dr. Bhola Nath Bose, the late Civil Surgeon of Faridpore. He was one of the first four Bengalese gentlemen who came to England for the purposes of study in the year 1843. He distinguished himself in his college, gaining gold medals in materia medica, botany, and comparative anatomy, and certificates of honour in medicine, surgery, and midwifery. He graduated as M.D. Lond. in 1847. A reference to the London University Calendar will show that he was the first Indian who obtained that degree. He returned to India in 1848, where he was appointed an uncovenanted civil medical officer. During the Indian Mutiny of 1857 he served as a military surgeon, and discharged his duties in that capacity in so satisfactory a manner that the Government, in recognition of his service in the battle of Chillianwallah, awarded him a medal. Subsequently he was stationed at Faridpore as a civil surgeon, a post he held till 1876, when he took furlough for two years, and visited England for the second time. During his stay here he published his two works—namely, (1) "A New System of Medicine; entitled Recognisant Medicine, or the State of the Sick;" (2) "Principles of Rational Therapeutics, commenced as an Inquiry into the Relative Value of Quinine and Arsenic in Ague." After the expiration of his furlough he was allowed to retire with a pension of 333 rupees a month. For the last two years he had been living a retired life at Narkeldaugha, a suburb of Calcutta, suffering from time to time from headache, vertigo, and dimness of vision. About the middle of September last, however, he was attacked with a carbuncle at the back of the neck, which proved fatal on October 1st, 1882, after causing him intense pain for a period of sixteen days. He leaves a widow, but no children. Dr. Bose was born at Barakpore, a village twelve miles from Calcutta. His family, though respectable, were of comparatively humble status. He made his way by untiring labour, zeal, and perseverance. At the commencement of his career (1843) much courage was needed to break through caste and other prejudices of his countrymen in order to cultivate the learning of the West. During his stay at Faridpore for about nineteen years he used to visit patients at their houses free of charge, and during the prevalence of cholera and other epidemics he would go from house to house in his neighbourhood inquiring if anyone was ill. His history affords an encouraging example to Hindoos with a taste for medical and scientific pursuits.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—In the list published last week Dr. Abrath was described as M.C. Heidelberg, instead of M.D. Heidelberg.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the Primary Examination in Anatomy and Physiology at meetings of the Board of Examiners on Monday, Tuesday, and Wednesday last:—

John Sykes, Henry Worsley, Lawson Gifford, Stanley M. Rooms, Charles H. G. Brown, and James E. A Fergusson, Edinburgh; Thos. G. Alexander, Robert R. Hunter, Mark Sharman, and Henry H. Ballachey, Glasgow; Edward Armitage, Richard P. Hallilay, and John O. Ward, Leeds; William Graham, Dublin; A. T. G. Watts, Cambridge; Frank Woods, St. Bartholomew's Hospital; G. E. Deamer, University College and Edinburgh; J. W. Crowther, Birmingham; A. C. A. Packman, Sheffield; R. F. Castle, Cambridge; R. R. Giddings and G. M. Reid, Edinburgh; B. R. Johnston, Dublin; O. R. A. Julian, J. R. Forrest, W. J. Wordsworth, Charles Downing, G. S. Leggatt, R. H. Barrett, and Fredk. Sloman, St. Bartholomew's Hospital; T. J. Davis, T. H. Sykes, and T. M. Angior, Liverpool; J. C. Michell, S. F. Smith, and T. G. Langhorne, London Hospital; Robert Denman and R. G. Silverlock, Guy's Hospital; J. F. W. Howitt, Toronto and Middlesex Hospital; A. E. Woods, St. George's Hospital; U. N. Mukerji, Cambridge and Edinburgh; Frederick Brentwall, Manchester; L. W. Burton, St. Thomas's Hospital; H. J. Butler, Leeds; Arthur Pring, Cambridge and Charing-cross Hospital; W. A. Dun, Cincinnati; Thomas Leicester, Liverpool and St. Thomas's Hospital; Charles Strickland, St. Bartholomew's Hospital and Hanover; W. F. Pridham and J. E. R. Grant, St. Mary's Hospital; C. E. Brooke, Cambridge and St. Bartholomew's Hospital; J. R. A. Bennett, University College.

UNIVERSITY OF EDINBURGH.—The following gentlemen have passed the First Professional Examination :—

Anderson, William.
Anderson, W. A.
Antrobus, Edmund.
Bardgett, John.
Barraclough, T. W.
Baschet, Georges.
Bell, William J.
Bennett, Charles.
Bowman, Reginald.
Braga, Joao Francisco.
Broadfoot, J. D.
Brown, Harbit.
Burt, R. F.
Campbell, Ernest Kenneth.
Cassels, David.
Cheetham, Ernest J.
Clark, Stephen Fraser.
Clemow, Frank Gerard.
Collinson, F. W.
Coulthard, R. Swan.
Cunnigham, James.
Davidson, G. Scott.
Dawes, Joseph Wm.
Deamer, J. Henry.
Douglas, K. Mackinnon.
Doughty, D. Somerville.
Drinkwater, J. J.
Eaton, Walter Musgrave.
Fahmy, Ahmed.
Fraser, Peter.
*Fry, Edwin Sargood.
Garvie, John.
*Gibson, W. Gregory.
Glover, J. Gray.
Gordon, Robert.
Grant, J. W.
Gray, Alexander M.
Gray, Allen E. Lambton.
Gray, David Campbell.
Greig, David Middleton.
Griffith, T. Howard.
Griffiths, Joseph.
Gulland, G. Lovell.
Hailes, C. Robert.
Hoffman, Joshua Jacobus.
Inkster, R. Wilberforce.
Jones, S. Baker.
Joyce, R. Conwy.
Keelan, H. L. St. P.
*King, F. Truby.
Kingdon, Ernest Cory.
*Lamont, J. C.
Leigh, J. Dickinson.
Lempriere, C. Lewis.
Lewis, C. J.
Linton, Edward.
Little, W. G.
Logan, J. Richardson, T.
Loubser, A. L. B.
Love, W. Wood Russell.
M'Allum, D. Campbell A.
M'Diarmid, Duncan.
M'Gavin, J. R.
Macintosh, G. Donald.
M'Jerrow, John.
Mackenzie, Francis Wallace.
M'Lean, Wm. Henry.
MacLelland, Robert.
MacLellan, J. M'Donald.
MacWatt, R. C.
Marshall, Daniel Groves.
Matthew, C. G.
Moir, David Macleish.
Morgan, David.
Morris, Thomas.
Morrison, R. S.
Morton, C. James.
Murray, J. Kemp.
Nash, Andrew W.
Nasmyth, W. Ramsay.
Neal, F. A.
Nicoll, J. M'Donald.
Paterson, Maurice.
Pirie, John.
Porter, George.
Pritchard, E. T.
Pritchard, Trevor J.
Puckle, Selwyn Hall.
Reid, James.
Reynolds, F. Mortimer.
Ridley, J. B.
Richards, John.
Roberton, Ernest.
Roberts, E. Theophilus.
Roberts, F. C.
Roberts, Hugh L.
Ross, Arthur MacLeod.
Ross, John.
Scotland, D. Wilson.
Scott, Gerard Affleck.
Scott, W. E. S.
Scurfield, Harold.
Smeddle, R. W.
Smith, G. Purves.
Smith, John W.
Somerville, G. Laird.
Steyn, Gabriel H.
Stewart, Robert.
Stirling, Robert.
Sym, W. G.
Teacher, C. C.
Terry, Caleb.
Thackwell, J. Bolton.
Thomas, W. J.
Thorp, Francis Courtenay.
Travell, John W.
Turner, Ernest B.
Vaughan, J. C. S.
Wallace, Quintin Macadam.
Warnock, John.
Waters, Clarence H.
Wilson, Adam D.

* With distinction.

UNIVERSITY OF GLASGOW.—The following gentlemen have passed their respective examinations for the Degrees of M.B. and C.M.:—

FIRST PROFESSIONAL EXAMINATION.

Alexander, A. S.
Alexander, W. M.
Anderson, J.
Bamber, H.
Bankier, A. M.
Bannerman, G. G.
Baxter, C.
Broom, J.
Bryce, A.
Buchanan, J.
Buchanan, W.
Cameron, J. W.
Campbell, A.
Campbell, I. E.
Campbell, W. D.
Christie, W. W.
Coutts, J.
Crowford, R. K. B.
Dodd, J.
Dunlop, J.
Farquharson, J. D.
Ferguson, R. T.
Fleming, R. M.
Foster, H. S. H.
Fulton, A. B.
Gibson, J. R.
Gordon, J. B.
Hallett, C. H.
Hamis, Yonsup.
Hay, W.
Hichen, H.
Hughes, J.
Hutchinson, T. B.
Johnston, D. G.
Marshall, W. G., M.A.
Martin, J.
Melville, H. B.
Mitchell, T.
Muir, D. C.
Muir, W. C. C.
M'Arthur, J. T.
M'Dermid, J.
Macdonald, J.
M'Eachern, D.
Mackie, J.
Maclean, J. N.
Macphail, Digby M.
Macquairie, J. A.
Neilson, J. F.
Orr, J. F.
Paterson, W. W.
Railey, J.
Ramsay, R.
Rankin, W.
Richmond, A.
Robertson, W.
Routledge, R.
Rutherfurd, T.
Seright, W.
Smith, J. C. A.
Sprott, G.
Stones, R. W.
Wands, J.
Whish, C.

Forty-nine candidates were rejected.

SECOND PROFESSIONAL EXAMINATION.

Beveridge, Jno.
Birrel, J. R.
Colvin, F. H.
Cross, David.
Cullen, William.
* Greener, M. H.
Hawthorne, C. O.
Hinshelwood, Jas., M.A.
Jack, Alexander.
Jones, Evan.
Kendall, F. E.
Keogh, Arthur G.
Logan, Hugh.
Miller, Robert A.
Montgomery, A. N.
Morris, Geo. A.
Murdoch, J. W. A.
Macartney, Duncan, M.A.
M'Cracken, Wm.
M'Creadie, Wm.
Macdougall, Alexander.
Macleod, R. L. R.
Macrae, Alex. M.
Parker, James.
Peacock, Alexander.
Ritchie, Jno.
Robertson, Alexander.
Rutherfurd, Hy., M.A.
Scanlan, Jas.
Scott, Robert.
Service, R. M.
Shaw, Jas.
Sinclair, Jno.
Somerville, Wm. F., M.A.
Smith, Jas. P.
Smith, W. M.
Smith, D. M.
Spence, W. W.
Taylor, Francis.
Temple, Charles D.
Wilson, George.
Wright, Jno.

Twenty-nine candidates were rejected.

THIRD PROFESSIONAL EXAMINATION.

Arthur, D.
Beveridge, R. E.
Blanie, B.
Brown, W.
Brown, W. M.
Cameron, J.
Campbell, J. J.
Crawford, J. C.
Dunlop, J. I.
Forsyth, W. A.
Gemmell, J. F.
Gibb, W. F.
Gourlay, R.
Gray, W. L.
Hamilton, W. T.
Headrick, J. M.
Herbertson, J., M.A.
Hodge, P.
Hogg, G. M.
Howie, A.
Johnston, A.
Johnston, F.
Kerr, Jno.
Marquis, D.
Martin, W.
Morrison, A.
Macarthur, B. N.
Macdonald, J.
Mackenzie, D.
Maclean, A.
MacNaught, J. B.
Prangwell, J. T.
Pretsell, W. G.
Qualfe, W. F., B.A.
Richard, D. T.
Russel, J.
Soga, W. A.
Stafford, W.
Steele, R. G.
Taylor, W. C.
Turnbull, E. T.
Vost, W.
Williams, A.

Seventeen candidates were rejected.

ROYAL UNIVERSITY OF IRELAND. — The following Degrees were conferred on the 8th inst. by his Grace the Duke of Abercorn, Chancellor of the University :—

M.D. DEGREE.

FIRST CLASS HONOURS.—Charles H. Wise.

SECOND CLASS HONOURS.

M'Murray, J. | Adams, F. E.

UPPER PASS DIVISION.

Allport, C. W.
Austin, J. J.
Barnes, W. S.
Bell, T. G.
Cromie, Thomas.
Heanen, Charles.
Jackson, Mark.
Kelly, Michael.
Lindsay, J. A.
O'Keeffe, W.
Prendergast, J. M.
Swan, S. A. L.
White, Daniel.

LOWER PASS DIVISION.

Brown, H. E.
Chambers, A. B.
Cooke, James.
Gibson, William.
Good, William.
Graham, J. S.
Graham, William.
Hamilton, William R.
Hawthorne, A. W.
Henderson, S. D.
Henry, James.
Hunter, J. F.
Legge, R. J.
M'Cambridge, J.
M'Dermott, Cornelius.
M'Manus, L. S.
Mathews, R. H.
Moran, John P.
Moynan, R. M.
Orr, J. Morrison.
Smith, R. Strafford.
Wilson, James.

M.B. DEGREE.

UPPER PASS DIVISION.—John Riordan.

M.CH. DEGREE.

Atock, M. H.
Austin, J. J.
Barnes, W. S.
Bell, T. G.
Black, J. G.
Chambers, A. B.
Craig, James.
Cromie, Thomas.
Gallwey, P. J.
Gibson, W. Walter.
Haines, H. A.
Hamil, Samuel.
Hamilton, William R.
Hawthorne, A. W.
Heanen, Charles.
Henderson, S. D.
Henry, James.
Lindsay, J. Alexander.
Lithgow, J. M'G.
M'Cambridge, J.
M'Connell, T. S.
M'Dermott, C.
M'Donnell, J. R.
M'Manus, L. S.
M'Murray, J.
Mathews, R. H.
Moran, John P.
Morell, L. D.
Moynan, R. M.
O'Connell, D. V.
O'Keeffe, Matthias.
O'Keeffe, William.
Prendergast, J. M.
Riordan, John.
Rountree, G. A.
White, Daniel.
Wilson, James.
Young, J. V.

DIPLOMA IN OBSTETRICS.

Adams, F. E.	M'Murray, J.
Allport, C. W.	Maguire, C. J. O'L.
Chambers, A. B.	Mathews, R. H.
Cromie, Thomas.	O'Keeffe, William.
Gibson, William.	Prendergast, J. Moran.
Haines, H. A.	Routtree, G. A.
Lyons, R. W. S.	

APOTHECARIES' HALL. — The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 2nd:—

Smith, Ebenezer Thos. Ayden, Abbey-street, Bermondsey.
Spencer, Walter, Doughty-street.
Statham, Reginald Whiteside, St. Peter's Rectory, Walworth.

The following gentlemen also on the same day passed the Primary Professional Examination:—

Harold Wm. Banfield and Raheem Baksh, London Hospital; Arthur Dixon Jollye, Charing-cross Hospital; George Wm. Burgess Slader, Guy's Hospital.

UNIVERSITY OF CAMBRIDGE.—The number of students commencing dissection (i.e., second-year students) this session is 65.

QUEEN'S COLLEGE, BIRMINGHAM.—At this college there are 36 new entries, two dental students, and one for special classes.

ST. MARY'S HOSPITAL, MANCHESTER. — Messrs. G. and R. Dewhurst have given £100 towards the extinction of the debt on this charity.

SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—The first meeting of the 129th session of this Society will be held on Wednesday, the 15th inst., when the opening address will be delivered by Dr. Siemens, Chairman of the Council.

THE ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR.—H.R.H. the Duke of Albany has intimated to the Board of Management his willingness to preside at a public dinner next spring in aid of the funds of the Ventnor Consumption Hospital.

POLICE AMBULANCE CLASSES.—On the 3rd inst., at Scotland-yard, Major-General Burnaby presented certificates to the members of the police force who had passed the examination of the St. John Ambulance Association. The number of men examined was 102, of whom 90 were successful.

SUPERANNUATION ALLOWANCES. — Mr. J. Hatton, L.R.C.P. Ed., M.R.C.S., district medical officer, Monmouth Union, has been awarded a superannuation allowance of £26 a year.—Mr. W. Barr Brown, M.R.C.S., L.S.A., late district medical officer of the Windsor Union, has been awarded an allowance of £30 a year.—Dr. Coulter, of the South Dublin Union, has been granted a retiring allowance of £130 per annum.

AN adjourned meeting of the Governors of the Yorkshire Hospital for Incurable Diseases, held at Leeds last week, seems to have been one at which the proceedings might very properly be called lively. Doubts appear to have been expressed of the soundness of the condition of the institution financially, but a committee having been appointed to investigate the matter, and their report having been regarded as satisfactory, the meeting terminated with mutual congratulations.

MEDICAL SOCIETY, COLLEGE OF PHYSICIANS IN IRELAND.—The following office-bearers have been appointed for the ensuing year:—President: William Moore. Vice-Presidents: F. R. Cruise and Henry Kennedy. Council: J. Hawtrey Benson, Fleetwood Churchill, J. Magee Finny, A. Foot, Samuel Gordon, T. W. Grimshaw, A. Jackson, J. W. Moore, Christopher Nixon, J. H. Purser, and W. G. Smith. Hon. Secretary and Treasurer: Alexander Nixon Montgomery.

HYDROPHOBIA.—Another instance of the length of time hydrophobic virus may be retained in the system before developing itself has been furnished during the past week by the death of a child in Guy's Hospital from this disease. At the inquest held on Monday it was stated that the deceased, a girl aged fourteen, had been bitten on the hand by a dog two years ago. The wounds eventually healed up and nothing more was thought of the matter until three weeks ago, when the girl complained of feeling unwell and remained in bed. When water was brought near her she was seized with a paroxysm of fear, and when milk was offered to her she raved and cried piteously. She was conveyed to the hospital convulsed and foaming at the mouth, and expired almost immediately after admission. This case is worthy of note on account of the long period that elapsed between the receipt of the bite and the fatal result. In a case which happened a few years ago, a passenger to Australia by a sailing vessel, on which no dog was carried, at the conclusion of the voyage, which had occupied four months, was seized with hydrophobia. In the intervals of his paroxysms he was able to inform those near him that he had been bitten by a dog eighteen months previous to his departure from England, so that the virus had lain dormant in this case also for nearly two years.

SANITARY INSTITUTE OF GREAT BRITAIN.—At an examination for Local Surveyors and Inspectors of Nuisances held on November 2nd and 3rd, eight candidates presented themselves. The Institute's certificate of competency to discharge the duties of Local Surveyor was awarded to C. H. Cooper; and the Institute's certificate of competency to discharge the duties of Inspectors of Nuisances was awarded to J. Brown, S. C. Legg, D. Richards, A. Taylor, and J. Watson.

VACCINATION GRANTS.—The following gentlemen have received the Government grant for efficient vaccination in their respective districts:—Dr. William Hoffmeister of Cowes, Isle of Wight (fourth time); Mr. W. Birtwhistle, Swadford, Skipton (second time); Mr. J. H. Hughes, Ombersley district, Droitwich (fourth time); Mr. T. H. Tidswell of Morecambe (second time); Mr. S. Wellesley Coombs, Claines district; Mr. H. O. Westwood of Prees, Shropshire; Mr. John Wignall George of Leigh.

MONUMENT TO THE LATE SURGEON-MAJOR SIMPSON. A handsome and very chaste tablet in white marble, and after the form of a partly unfolded scroll, has recently been erected in the vestibule of the Free Church, Kintore, bearing the following inscription:—"Surgeon-Major John Simpson, H.M. 23rd Regiment, Bombay N.I.I. Died at Sibi, Southern Afghanistan. In affectionate remembrance this tablet is erected by his brother officers." Surgeon-Major Simpson was the fourth son of the late Dr. Robert Simpson, first minister of the Free Church at Kintore.

ORDER OF ST. JOHN OF JERUSALEM.—The committee of the Jerusalem Hospice Fund has made arrangements for opening immediately a temporary dispensary at Jerusalem pending the erection of the building a site for which has been granted by the Sultan to the Order of St. John. Dr. J. C. Waddell, who has had special experience in ophthalmia, has left England for Jerusalem to commence work. Letters have lately, we learn, been received from Mrs. Burton the well-known authoress, Sir Austin Layard, and others, testifying to the fearful sufferings caused by this disease. Subscriptions will be received from those interested in this matter by Lady Lechmere, 13, Bolton-row, W., and Captain Dallas, Treasurer, St. John's Gate, Clerkenwell, E.C.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

ANGEL, Mr. ARTHUR, has been reappointed Public Analyst for Southampton.

CHISHOLM, J. M., M.A., M.D., C.M., M.R.C.S., has been appointed Visiting Physician to the Liverpool Convalescent Hospital, Woolton.

EVANS, THOMAS, M.D.Ed., L.R.C.S., has been reappointed Medical Officer of Health for the Llandilillo District of the Aberayron Union.

FIRTH, EUSTACE, M.B., C.M.Edin., has been appointed Medical Officer to the Norwich Dispensary, vice Charles Firth, resigned.

FRANKISH, WILLIAM JOHN, L.R.C.P.Lond., M.R.C.S., has been elected Surgeon to the Chelsea, Brompton, and Belgrave Dispensary.

HEHNER, Mr. OTTO, has been reappointed Public Analyst for Southampton.

JACKSON, JOHN HENRY, M.B., C.M.Ed., has been elected Junior House-Surgeon to the Wigan Infirmary, vice A. W. Stone, L.R.C.P.Ed., M.R.C.S., resigned.

KEMPE, J. ARTHUR, M.R.C.S., L.R.C.P.Lond., has been appointed a Senior Demonstrator of Anatomy at University College.

KIDD, PERCY, M.B., M.R.C.P.Lond., has been appointed Pathologist and Curator to the Hospital for Consumption and Diseases of the Chest, Brompton.

MACLEAN, KENNETH, L.R.C.P., L.R.C.S., has been appointed Honorary Surgeon to the Stockport Infirmary, vice J. D. Bow, M.B., deceased.

MOORE, J. B. G. GIDLEY, M.R.C.S., has been appointed Medical Officer for the First District of the Ongar Union.

MURRAY, ANDREW, M.B.Dub., has been appointed Medical Officer to Hampstead Provident Dispensary, vice W. H. Cook, M.D., deceased.

MUTER, Dr. JOHN, has been reappointed Public Analyst for Bermondsey.

RENTON, J. CRAWFORD, M.D.Ed., has been appointed Surgeon to the Dispensary of the Western Infirmary, Glasgow.

SPOWART, WILLIAM RIBTON, L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the Eighth District of the Norwich Union.

WALKER, WILLIAM H. S., L.K.Q.C.P.I., L.R.C.S.I., &c., has been appointed Resident Medical Officer to the Hospital for Sick Children, Glasgow.

WHITFORD, WILLIAM, M.D., M.Ch.Q.U.I., has been appointed Honorary Medical Officer to the North Dispensary, Liverpool.

WHITTLE, GLYNN, M.A., M.D.Cantab., M.R.C.P.L., M.R.C.S., has been appointed Honorary Medical Officer to the North Dispensary, Liverpool.

Births, Marriages, and Deaths.

BIRTHS.

DUKE.—On the 2nd inst., at the residence of her mother, Berners-street, Ipswich, the wife of Surgeon-Major Duke, of a son.

LITTLE.—On the 9th inst., at Dalkeith Lodge, Merton-road, Wimbledon, the wife of Dr. Edward Little, of a son.

MACKENZIE.—On the 1st inst., at Finsbury-square, the wife of Stephen Mackenzie, M.D., F.R.C.P., of a daughter.

ORME.—On the 4th inst., at Great Berkhamsted, the wife of Robert Orme, M.R.C.S.Eng., of a daughter.

POIGNAND.—On the 2nd inst., at Upper-street, N., the wife of Malcolm Poignand, M.D., of a son.

SMITH.—On the 1st inst., at Belmont House, Newport, Essex, the wife of William Alexander Smith, M.A., M.B.Oxon., of a daughter.

TICEHURST.—On the 27th ult., at Silchester House, St. Leonards-on-Sea, the wife of A. R. Ticehurst, M.R.C.S. &c., of a daughter.

TURNER.—On the 1st inst., at Camden-road, the wife of T. Bryett Turner, M.R.C.S., of a daughter.

WALLACE.—On the 3rd inst., at Cleckheaton, Yorkshire, Constance, the wife of Edward J. Wallace, M.D., of a son.

WHEELER.—On the 4th inst., at Pembridge-gardens, W., the wife of John Wheeler, M.D. & C.M., of a daughter.

WHITTINGTON-LOWE.—On the 2nd inst., at Eaton-place, Brighton, the wife of R. Whittington-Lowe, M.D., Staff-Surgeon, of a son.

WILLIAMS.—On the 3rd inst., at Sherborne, Dorset, the wife of W. H. Williams, M.R.C.S., L.R.C.P.Lond., of a daughter.

MARRIAGES.

BOLSTER—CARPENTER.—On the 1st inst., at St. James's Church, Exeter, by the Rev. Canon Bolster, M.A. (brother of the bride-groom), assisted by the Rev. George E. Carwithen, M.A., R.N., Staff-Surgeon Thomas Bolster, R.N., of the Royal Naval Hospital, Plymouth, eldest son of the late Richard Bolster, Esq., of Summerville, co. Cork, to C. H. Laura C., third daughter of the late Rev. Charles Carpenter, Vicar of Week, St. Germans, North Devon.

BRIGHAM—CARTWRIGHT.—On the 7th inst., at St. Peter's and St. Paul's, Kirton, near Boston, by the Rev. E. Marshall, Curate-in-charge, assisted by the Rev. A. C. Rowley, Vicar of Satterton, John King Brigham, M.A., M.D., elder son of the late James Brigham, of Donegal, Ireland, to Mary (Pollie), youngest daughter of the late John Cartwright, of the Manor House, Timberland, Sleaford, Lincolnshire.

LATHAM—ROBINSON.—On the 7th inst., at Preston, George Latham, L.R.C.P., of Highfields, West Bromwich, to Jane, youngest daughter of the late James Robinson, of Moor-park, Preston, Lancashire.

MCNEILL—PITT.—On the 2nd inst., at Cullompton, Devon, John P. McNeill, B.A., M.D.T.C.D., of Knockmore, near Ballymoney, co. Antrim, and Riverton, Devon, to Louisa, youngest daughter of the late William Pitt, Esq., of Southwell Lodge, Trull, near Taunton, and Woodcock's Well, near Cullompton.

REYNOLDS—BOWERS.—On the 28th ult., at Holy Trinity Church, Southampton, Robert Reynolds, second son of the late Dr. William Reynolds, of Wellington, Somerset, to Isabella Maria, third daughter of J. Bowers, Esq., of Southampton.

TOOTH—PRICE.—On the 31st ult., at St. John's Church, Weston-super-Mare, Howard Henry Tooth, M.B., of Harley-street, eldest son of the late Frederick Tooth, of Brighton, to Mary Beatrice, youngest daughter of the late Edward Price, of Highgate.

WEBB—HUNTING.—On the 2nd inst., at Jesmond Church, Newcastle-upon-Tyne, Henry Pelham Webb, M.B., of Wymering-terrace, Lavender-hill, S.W., to Fannie, daughter of Charles Hunting, of South Hetton, co. Durham.

DEATHS.

ALLEYNE.—On the 9th September, at Sydney, New South Wales, Haynes Gibbes Alleyne, M.D.Edin., President of the Medical Board, aged 69.

DEELEY.—In loving memory of Clasy, the dear wife of Ambrose W. Deeley, who died on Sunday, Nov. 5th, 1882, aged 29 years.

LOWELL.—On the 12th ult., at Brooklyn, New York, Abram Leland Lowell, M.D., aged 50.

SOULBY.—On the 4th inst., very suddenly, from disease of the heart, at Waverley House, Hull, Henry Soulby, M.D.St. And.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 5.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Nov. 9th, 1882.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade	Min. Temp	Rain fall.	Remarks at 5.30 A.M.
Nov. 3	29·82	W.	52	50	..	59	47	·13	Cloudy
,, 4	29·59	W.	55	52	..	57	52	·07	Cloudy
,, 5	30·05	W.	56	54	..	61	45	..	Bright
,, 6	30·12	W.	48	46	..	57	42	·03	Cloudy
,, 7	29·65	N.W.	47	45	..	52	42	·26	Overcast
,, 8	29·50	W.	44	41	..	51	38	·32	Cloudy
,, 9	29·22	W.	44	41	..	52	39	..	Clear

Medical Diary for the ensuing Week.

Monday, Nov. 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

MEDICAL SOCIETY OF LONDON.—Dr. Richardson, "On Ammoniated Chloroform as a Preservative of Animal Tissues."—Mr. T. Knowsley Thornton, "On Three Cases of Successful Nephrectomy, with Remarks on Operation."

Tuesday, Nov. 14.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2 P.M.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Dr. Vary Lyle, of Durban, "On the Endemic Hæmaturia of the S.E. Coast of Africa." The paper will be illustrated by specimens of the Bilharzia Hematobia, exhibited by Dr. Cobbold and Dr. Radcliffe Crocker.—Mr. A. P. Thomas, of Oxford, will Exhibit Drawings and Microscopic Preparations, and make some remarks on his "discovery of the life history of the liver fluke, and its introduction into the bodies of sheep."—Dr. Cobbold will also Exhibit Specimens of the various forms of Fluke from Man, the Elephant, and the Giraffe.—Flat and Nematoid Worms will be Exhibited by Dr. Bastian, and illustrated with models and drawings by Professor Ray Lankester.—Dr. Stephen Mackenzie will show the Filaria Sanguinis Hominis from Human Blood, and also from the Stomach of the Mosquito.

Wednesday, Nov. 15.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

Thursday, Nov. 16.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

HARVEIAN SOCIETY.—The Report of the Alcohol Committee.—Dr. Francis, "On the Treatment of Neuralgia."

Friday, Nov. 17.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—7½ P.M. Mr. Rogers Field, "On some of the less recognised but important points in the Drainage and Ventilation of Houses."

Saturday, Nov. 18.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Lectures, original articles, and reports should be written on one side only of the paper.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

MEDICAL KNOWLEDGE AND THE MUNICIPAL CONSTITUENCIES.

MR. GENTLES, at the recent municipal elections in Derby, found some disadvantage in holding intelligent opinions on matters of public health, such as that small-pox is a deadly, loathsome, hideous disease, to be regarded as a national calamity, and to be guarded against, and that, even at the cost of a little addition to the rates, and possibly a little curtailment of private liberty, public health must be secured. He made an able and unanswerable defence of the vaccination laws, and even his opponents allow that he made a great impression on the less fanatical members of the anti-vaccination party. It is better to lose an election, as Mr. Gentles did—though not by a large majority—than to gain it by pandering to ignorance and fanaticism. Education is abroad, and men who are faithful to science and to common sense will not always be rejected.

Dr. Ed. Thompson (Omagh).—We shall be glad to receive communications of an interesting nature as occasion may offer.

"THE USE OF THE FORCEPS IN MIDWIFERY."

To the Editor of THE LANCET.

SIR,—The object of my writing to you on the above subject was not, as your correspondent, Mr. Isaac Williams, seems to infer, to deprecate the more frequent use of the forceps. On the contrary, it was in consequence of an assertion made by a correspondent in a previous number of THE LANCET, that the forceps were not required in more than one in 600 or 700 cases, that I was led to lay before the profession the experience of their use in 400 consecutive cases, of which notes had been kept by one who objects to a too meddlesome practice.

I purposely did not give my reasons for their employment, because those reasons were such as may be found in any modern text-book on midwifery, and likewise because I desired to keep my letter within the reasonable limits demanded by the crowded columns of your valuable journal. For the latter reason I do not propose to reply to Mr. Williams's criticisms *seriatim*. I am very strongly inclined to think, however, that when he has acquired a little more practical experience than he has probably had during the brief period he has been a qualified practitioner, he will find that, as a rule, three hours will be the longest time he can wait (with advantage to his patients) before applying the forceps, or adopting some alternative, when there is no advance in the second stage of labour. My remark concerning the proportion in which the forceps were said to have been used by the late master of the Rotunda had no reference to their particular necessity or otherwise at that institution, but rather to what seemed to me to be an unnecessary and undesirable frequency in their use in private practice. In this opinion I venture to say that I should be borne out by the great bulk of the profession. *In mediis res tutissima* is, as a rule, a tolerably safe motto in midwifery as in other affairs of life. The proportion of cases in which the forceps used to be employed, as stated by Dr. Churchill, was about one in 115, but I suspect that if the collective experience of the younger generation of practitioners were gathered together the proportion in which they would be found necessary or desirable would be much nearer one in thirty or forty. The whole subject was, however, so fully discussed at the Obstetrical Society, and reported in your columns some two or three years since, that it would be presumption on my part to say anything further.

I am, Sir, yours faithfully,

Nov. 6th, 1882. B. A. RUGG.

"TRICYCLES."

To the Editor of THE LANCET.

SIR,—Permit me to note, in correction of the view of your correspondent of last week, a possible danger to women in tricycle-riding. Quite lately a patient of mine aborted after a long tricycle-ride. She herself mentioned this as a probable cause.

I am, Sir, yours respectfully,

Islington, Oct. 30th, 1882. J. CHALMERS.

SICK ALLOWANCES WORKMEN.

IN reference to the measures which the German Parliament has been considering relative to the provision for workmen suffering from illness, it has been feared in some quarters that the scheme, if carried into effect, would encourage workmen to simulate indisposition with a view of profiting by the enactment. A petition has been sent from the Saxony coal district, which states that one of the local benefit societies used, up to the year 1879, to give a sick allowance varying from 56 per cent. of the normal wages in cases of slight indisposition to 73½ per cent. when the illness was of a severe character. When, in 1880, this scale of allowance was reduced by about one quarter, there was a decrease of about 45 per cent. in the amount which the society was called on to pay, while the general sanitary condition of the neighbourhood had not improved. The number of claims showed even a greater reduction. The petition likewise urges that the option which workmen would have of contributing at the same time to several provident organisations should be withdrawn, and that in any legislation on this subject care should be taken that the position of a workman who claims upon a sick fund should not be of such a nature as to render it more profitable for him under some circumstances to be at home than to be following his occupation.

Mr. A. Davidson.—The question was decided at the Southwark Police-court on Feb. 18th, 1882, in a case in which the magistrate dismissed a summons with costs against the School Board (see THE LANCET of Feb. 23rd, page 329).

Mr. F. T. Batchelor.—The Royal Medical Benevolent College, Epsom. Office, 37, Soho-square, whence a prospectus may be obtained.

Mr. Parnell.—We have frequently commented on the risk of the spread of contagious diseases by means of letters and books.

Mr. W. W. Morgan.—We fear we should not have space for the publication of an article of the nature described.

M.D. has not enclosed his card.

ENGLISH SPORTS.

To the Editor of THE LANCET.

SIR,—The following report is extracted from the *Daily Telegraph* of Wednesday, Nov. 1st :—

"Catching the Stag.—Our Oswestry correspondent telegraphs: 'The annual sport of catching the stag to be hunted on the anniversary of the Earl of Powis's birthday took place yesterday morning in Powis Castle-park, Welshpool. His lordship and a number of equestrians—ladies and gentlemen—were present, and a large field of pedestrians. The stag was pursued by men on horseback and on foot, but not by hounds. After an hour's pursuit the stag fell dead. His lordship gave another stag, which ran for about an hour up and down the park, and was ultimately taken in the net. The stag seemed somewhat distressed, and after his horns were cut off the fine animal died. This second fatality created a great sensation, and the hunt was at once abandoned.'"

Assuming the above to be true, it would be interesting to know whether his lordship and friends belong to the anti-vivisection party. I am surprised that such gross brutality is allowed in a country where vivisection, for possible and probable good to human kind, is guarded by most stringent laws, and which possesses a Society for the Prevention of Cruelty to Animals. Without further comment on the apparent inconsistency of the law on the subject,

I am, Sir, yours obediently,

Battersea-park, S.W., Nov. 3rd, 1882. A. PHILLIPS HILLS.

Dr. R. de Musgrave Clay.—The pamphlet is a reprint from the Transactions of the Colorado State Medical Society, 1882, and is printed by Edwin Price and Co., Denver, Colorado.

Mr. Phillips Hill, Mr. Chittenden, Dr. Lownds, and others.—No doubt the proceeding is objectionable.

M.R.C.S.—We are not aware.

"REMOVAL OF HAIR FROM THE FACE."

To the Editor of THE LANCET.

SIR,—Your correspondent, "A Puzz'ed Practitioner," asks in your last issue "by what means he can permanently remove a patch of hair from a prominent position of a patient's face?" May I suggest the following treatment, which I have seen very successful in several instances. It is applicable both for the removal of hair and moles.

A small cautery is necessary. It should be something of the following form :—From a small bone handle passes a stem of platinum-wire three inches long, curved at a right angle half an inch from the end, which resembles a blunt needle. At the angle is a bead-like bulb, which serves as a reservoir for the heat when in use. The bulb and point having been made white hot in the flame of a spirit-lamp, the affected skin (previously shaved) is to be deeply punctured by a number of stabs, close together, and over a space of about a sixpence. Repeated heatings of the cautery will be required, but the process is almost painless, and when the sore heals a white cicatrix will appear, free from pigmentation or hair bulbs. The same process can be repeated at subsequent sittings until the whole affected area is cured. I do not remember the name of the cautery or the maker, but I could easily procure these particulars should your correspondent desire it.

I am, Sir, yours, &c.,

Plymouth, Nov. 5th, 1882. G. C

THE ASSISTANTS' EXAMINATION AT THE APOTHECARIES' HALL.

A CORRESPONDENT directs our attention to this examination and to the useful and deserving character of the men who pass it, and their fitness for the dispensing work of medical men, hospitals, and dispensaries. We see no objection to the use of the letters he specifies, if they are not used unnecessarily, or in a way to convey the impression that they imply medical qualification.

"INUNCTION IN SCARLATINA."

To the Editor of THE LANCET.

SIR,—Your correspondent, "Catis," having apparently had his faith shaken as to his hitherto satisfactory treatment of scarlet fever by the inunction of camphorated oil, has appealed to your readers for their opinions or experience of the matter. While I cannot lay claim to any personal practical knowledge of this particular mode of treating our worst eruptive pestilence, still, after a fairly extensive observation of the too-familiar disease, and reasoning *d priori* from well-established and acknowledged facts, I must say I should be inclined, if you will allow me, to add my veto to that of his experienced friend.

There cannot be a doubt that two most important objects in our treatment of the fever are diminution of temperature and elimination of the fever poison, be it what it may—presumably bacterial. Now, it is difficult to conceive how inunction into the general integument can possibly accomplish these; and in truth it is not easy to understand what therapeutic process can possibly be initiated, or what benefit can be secured by its employment. The oil must have the effect of clogging up, more or less completely, the openings of the multitudinous ducts of the sweat-glands, through which, as one of the emunctory channels, nature is endeavouring to remove the ever-growing poison, as well as the results of the general tissue-change, now abundantly present, due to the elevated temperature. And there is the more danger in thus checking this eliminative function just when the vital processes are weak and the skin congested and its function to some extent paralysed by the pyrexia which the non-elimination would only tend to sustain or even raise. Elimination from the general surface ought rather to be encouraged and helped instead of checked and weakened; the extensive cutaneous area, with its enormous supply of secreting structure, ought to be sedulously utilised. For certainly, owing to the close structural and functional intimacy and similarity of the skin and the internal organs—more especially the kidneys—a vast amount of additional labour must vicariously be imposed on the renal function of tissue and poison removal if the work of the great skin-gland be in abeyance. There is every reason to suppose that the scarlatinal poison produces congestion of the tubules of the kidney as well as of the skin and mucous membranes, and they are now further overburdened with the task of removing the excessive nitrogenous waste of the febrile state; so that any check to cutaneous transpiration which the dense oil molecules must effect cannot, I think, but be injurious not only to the kidneys, but to the fever-stricken system generally. The tissues thus become doubly poisoned: heat-loss and waste-removal are more or less interfered with, as well as the escape of the virus.

I am aware the late Dr. W. Budd advocated the use of antiseptic inunction in the desquamative stage for the hygienic purpose of preventing the spread of the infective material, and this may be less objectionable now that the pyrexia is gone and tissue-change less active; but even here, from some cases in my recollection, I cannot but think that while it may be a decided good for others, it is of very doubtful advantage to the patient.

Judging, then, from these considerations, I should say that inunction may be a perilous proceeding, because, by diminishing cutaneous elimination, it may increase the blood-poisoning, and cripple ultimately the renal excretory work, and is thus calculated to induce albuminuria and acute rheumatism—evils which are quite apt enough to follow under even the most favourable conditions. If "Catis" has hitherto entirely escaped these results in the course of his inunction treatment, I cannot but regard him and his patients as fortunate, and heartily congratulate him. Either his cases must have been of a mild type, or our physiology and pathology are visionary and hypothetical.

Much the most satisfactory treatment—if any treatment of this eruptive fever can yet be considered satisfactory—I have found to be the wet pack-sheet or cold bath at the very onset of rising temperature, combined with the internal administration of salicin and carbonate of soda, and local antiseptic applications to the fauces as required. Surface elimination is thereby encouraged, while the temperature is usually materially lowered.—I am, Sir, yours faithfully,

D. BEATTIE BAIN, M.B., C.M. Ed.

Tay-street, Dundee, Oct. 31st, 1882.

"FORTUNATELY HIS MERITS DESCEND TO HIS SON AND SUCCESSOR."

To the Editor of THE LANCET.

SIR,—The above heading is an extract from a paragraph in a recent daily paper referring to the lamented death of an eminent surgeon.

It is to be regretted that statements of this kind should get into the lay press; they savour too much of "the business carried on as usual" character to be agreeable to the medical reader, and a gentleman thus eulogised must always regret the false position he is placed in by his injudicious admirer.—I am, Sir, yours obediently,

Dalby-square, Cliftonville, Margate WM. KNIGHT TREVES.

Nov. , 2

"EDUCATION BASED ON THE LAWS OF HEREDITY."

To the Editor of THE LANCET.

SIR,—The article that appeared in your columns of October 28th on the above subject opens a field for discussion of an interesting and important nature, for though the subject is familiar to the psychological physician, it has not received much attention from the rank and file of the profession, who have such excellent opportunities for instructing and counselling parents and teachers. There can be no doubt that not only should the education of the individual child be conducted with an intelligent recognition of its hereditary tendencies both mental and physical, but a careful observation should be kept of his innate proclivities and tastes, and if these coincide, as is very frequently the case, with a certain shape, development, and size of cranium, an opinion may be formed, not necessarily an infallible one, but of sufficient general correctness to be well worth consideration, in deciding the details and lines of education, and to influence the selection of his vocation in life. By such a system how many failures in life such as we frequently witness might be avoided? How many clergymen, for instance, whose lives are a perpetual repression of their natural tastes and inclinations, might have succeeded well, and even distinguished themselves, as colonists, farmers, engineers, soldiers, or lawyers? They would have been far happier individually, and would not have occupied a position they could not adorn to the exclusion of a man whose hereditary mental and moral characteristics were of a congenial kind, and to whom in consequence the study, the restriction, and the duties of clerical life were not irksome, but pleasurable. I am not writing as an advocate for the revival of the pseudo science of phrenology, but I think few will dispute that the size and shape of the head is a guide to the measure of intellectual capacity, and the possession of certain proclivities and tastes; and if we can direct the selection of a vocation in accordance with these innate proclivities and preferences—or, at all events, not in direct opposition to them—we shall be rendering a service to both the individual and the community. At present I am convinced the great majority of middle-class parents bestow very little thought on the probable fitness or unfitness of a boy for a given vocation. If an opportunity offers for what is termed "a start in life," it is often seized without any consideration as to whether the hereditary characteristics of the recipient are such as will render the duties of the position congenial, or likely to be well performed; and the result in some cases is suggestive in a measure of an attempt to make a sheep-dog out of a greyhound, or a retriever of a mastiff. Another important study with the same objects in view is the diathetic tendencies of a child, and the knowledge of these we chiefly gain from observing his parents and blood relations. It is well known, for instance, how unhealthy, as a rule, are the offspring of a gouty father and a strumous mother; and those who had the advantage of hearing the late Professor Laycock lecture on this subject can testify to the sagacity and truth of his observations and teaching. How many boys and girls at school have been harshly treated who would have been spared had the teacher possessed the requisite knowledge and training to recognise that what is often termed "dullness," "obstinacy," "temper," "nervousness," &c., are most frequently beyond the child's control, and should not be punished as faults, but regarded as congenital deficiencies and deformities which, by skilful treatment, may, and probably will, in time disappear. I think the time will come when the public will recognise the value of skilled medical advice in these matters, and also on another equally if not more important matter—namely, the probable result as regards mental and physical health of offspring likely to be produced by the union of persons possessing certain hereditary tendencies to one or other class of constitutional disease. If the importance of this were more widely known and appreciated it would in due time have a perceptible influence for good upon our national health and our average longevity; our asylums would have fewer inmates, and we should not in practice so frequently meet with cases of "debility," "neuroses," "spinal irritation," "skin diseases," &c., not to speak of the innumerable shades of morbid mental condition, which form the most intractable and disappointing class of cases that come under our care.

I remain, Sir, yours faithfully,

Nov. 6th, 1882. DOUGLAS W. ESHELBY, M.D.

Mr. N. W. Davies.—Compliance with the request involves no responsibility of the kind mentioned.

Mr. Shuttleworth.—We regret we cannot find space for the reports.

CASE OF IMPERFECT DEVELOPMENT.

To the Editor of THE LANCET.

SIR,—The following case of imperfect development occurred in my practice last week, and as it appears of somewhat an unusual nature, I send you an account of the same. The original has been sent to the museum of the College of Surgeons. The placenta was attached to the upper part of the child's skull, and took the place of any bone in that situation, and also of any dura mater, as the portion of brain which protruded, owing to a rupture occurring during birth, was destitute of that membrane. There were no fingers on the left hand, only a thumb; and the left leg completely twisted outwards. The child was born before my arrival, and I found it crying strongly. Although it was evidently a case of partial placenta prævia, there seems to have been but very little hæmorrhage at the time, although a week before the patient appears to have lost considerably. The mother is the wife of a strolling actor, and is slightly deformed from old hip mischief.

I am, Sir, yours faithfully,

Violet-bank, Lower Norwood, Oct. 27th, 1882. JOHN B. HARRIS.

THE OIL OF MALE FERN.

To the Editor of THE LANCET.

SIR,—The question as to whether the oil of male fern is a poison when administered in small doses is one by no means devoid either of interest to the practitioner or of importance to the public. In my opinion it must be regarded as such, at least in the case of individuals of a certain temperament—viz., the nervous.

In 1856 I recommended a friend—a thin, spare man, possessed of extreme pallor of countenance, and aged about twenty-three years—to make trial of the drug. He took but a single drachm, and that drachm followed, after the lapse of ten hours, by a tablespoonful of castor oil. The results were as follows:—Diarrhœa, nausea, vomiting, colonic spasms, and semi-collapse for about two days; nausea, a burning sensation at the epigastrium, and inability to stand erect for about a fortnight afterwards. A very slow and tedious convalescence. At this date—twenty-six years since taking the dose, please to recollect—the bare mention of the drug causes him to shudder, and to declare that he has still the smell of it remaining in his nose.

Was he not actually and veritably poisoned? Is he still, to some extent, suffering from the toxic influence of the medicine? Will he ever become perfectly free from that influence?

I am, Sir, yours faithfully,

Canterbury, Nov. 1st, 1882. JOHN BEADNELL GILL, M.D.

Mr. C. Wilson.—We have no experience of the use of the preparation for the purpose named.

TRACHEOTOMY TUBE.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me to draw the attention of the profession in your columns to a new tracheotomy tube which Messrs. Maw, Son, and Thompson have manufactured for me. It is made of the new material, celluloid, is cleanly, light, and very smooth, and possesses a quality which is not found in india-rubber or metal—viz., the property of being readily moulded by immersion in hot water to any shape required.

Having recently performed tracheotomy in a case of malignant disease of the œsophagus, I found that the growth was pressing upon the trachea to such a degree that the india-rubber tubes became flattened. It occurred to me that a tube made of celluloid would be sufficiently firm to resist any pressure from without, and the result has so justified my expectations that I can confidently recommend them to the profession.

I am, Sir, yours faithfully,

Gay-street, Bath, Nov. 7th, 1882. F. KING GREEN, F.R.C.S.

"HAMAMELIS VIRGINICA."

To the Editor of THE LANCET.

SIR,—I have used a tincture of the above, supplied to me by Gale and Co., 15, Bouverie-street, Fleet-street, in numerous cases of hæmorrhage during the last two or three years. A formula for a tincture is to be found in Squire's Companion to the Pharmacopœia, 1880 edition, and I obtained a good deal of information as to its use from Dr. S. Ringer's seventh edition, p. 312. In a severe case of hæmatemesis occurring in the month of August the hæmorrhage was satisfactorily controlled by the small dose recommended by Dr. Ringer.

I am, Sir, yours truly,

Rugby, Nov. 5th, 1882. J. INGLEBY MACKENZIE.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Pettigrew, St. Andrews; Sir E. Lechmere, London; Sir W. MacCormac, London; Dr. Hume, Newcastle-on-Tyne; Mr. Ragg; Mr. Paterson, Edinburgh; Mr. Thomas Smith, Woodley; Messrs. Sturrock and Sons, London; Mr. Wallis, London; Mr. E. Owen, London; Mr. Parnell, London; Mr. Rogers-Tillstone, Brighton; Mr. Lowndes, Liverpool; Dr. Lediard, Carlisle; Dr. Minchin; Mr. Roger Williams, London; Dr. King Green, Bath; Mr. Shann, York; Mr. Davies, Bridgend; Mr. Knight Treves, Margate; Dr. Ellis, London; Mr. Phillips Hill, London; Dr. Thompson, Omagh; Dr. Morgan, Newport, Mon.; Mr. Newton, Cambridge; Dr. Grantham, Gravesend; Mr. Wheeler, Ilfracombe; Mr. Shadwell; Mr. Chittenden, Lee; Mr. Masterman, Stourport; Dr. Perkins, Hobart; Mr. Gentles, Derby; Dr. Milner Fothergill, London; Mr. Laver, Colchester; Mr. Millican, Kinston; Dr. Johnson, London; Messrs. Edis and Co.; Dr. Charles, Cork; Mr. Poppleton; Mr. Morton, Halstead; Messrs. McKesson and Co., New York; Mr. Allt, Wittersham; Mr. Donald W. Day, Norwich; Dr. Eben. Watson, Glasgow; Mr. Pycroft, Starcross; Mr. Gutteridge, London; Dr. Saundby; Dr. Drinkwater, Edinburgh; Dr. Pope, South Shields; Mr. Park, Fence Houses; Dr. Herman, London; Dr. Tilden, Birmingham; Dr. Weatherley, Portishead; Mr. Trueman Wood, London; Mr. Savory, London; Dr. Southey, London; Mr. Sydney Jones, London; Mr. J. E. Adams, London; Mr. Price, Wolverhampton; Mr. Scott, Manchester; Messrs. Laundy, Birmingham; Dr. Redwood, Rhymney; Miss Cartwright, Boston; Dr. March, Rochdale; Mr. Nutt; Dr. Alleyne Nicholson, Aberdeen; Mrs. Moffat, Chester; Mr. Jelley, Totnes; Dr. Fitzgibbon, Dublin; Dr. Dobell; Dr. Edwards, Cheltenham; Mr. Romeike; Dr. Cameron, Huddersfield; Mr. Bligh, Droxford; Dr. Batten, Gloucester; Mr. Martin Coates, Salisbury; M.D.; A Layman; J. M. R.; G. C.; G. W. D.; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Cole, Holywell; Mr. Walker, London; Mr. Deeley, Malton; Mr. Jackman, Coggeshall; Mr. Lovegrove, Nottingham; Mr. Woodland, London; Mr. Walton, Coxhoe; Mr. Richardson, Dudley; Messrs. Neck and Co., London; Dr. Harding, Whittlesea; Mr. Grinling, Barton-on-Trent; Dr. Bastable, Blackburn; Dr. Clarke, Folkestone; Dr. Duncanson, Edinburgh; Mr. Davies, Llandrindod; Mr. Curme, Child Oakford; Messrs. Larnbad and Wood, Newcastle-on-Tyne; Mr. Orme, Great Berkhampstead; Mr. Ramsden, Halifax; Messrs. Cornish Brothers, Birmingham; Dr. Robertson, Peebles; Mr. Brown, Westgate-on-Sea; Mr. Jenkins, Worcester; Mrs. Markham, Portsmouth; Mr. Coleman, Leicester; Mr. Pollard, Edinburgh; Messrs. Godden and Massey, Nottingham; Dr. Thistle, Torquay; Messrs. Isaacs and Co., London; Dr. Gillisand, Workington; Mr. Bullivant, Derby; Mr. Wheeler, Ilfracombe; Mr. Bryon, London; Mr. Pugh, Birmingham; Mr. Baths, Rotherham; Dr. M'Clintock, Church Stretton; Mr. Pretty, Harleston; Mr. Harrison, Liverpool; Dr. Jones, Resolven; Mr. Dobson, Matlock; Messrs. Klinker and Co., London; Mr. Sargeant, London; Mr. Squire, London; Dr. McNeill, Tiverton; Mr. Holman, London; Mr. Berthier, Paris; Mr. Kosser, Hull; Mr. Kitchen, Pickering; Mr. Williams, Sherbourne; Messrs. Deighton and Co., Cambridge; Dr. Eshelby; Mr. Gettings, Chasetown; X. Y. Z., Blackheath; X. Y. Z.; A. M. D.; Medicus, Ashton-under-Lyne; M., Uxbridge; Pro Bono Publico; E. D., York; C. C., Chester; Qualified Assistant; Medicus, Egham; Lady Superintendent, Leicester; Iridis; Medicus, New-cross; M. D.; Assistant, Nottingham; Surgeon R.; House-Surgeon, Ripley; Beta, Manchester; E. N. C.; Medicus, Minchinhamptoe; Alpha, Sheffield; Hydro; A. B. C., Birmingham; Faculty of Physicians, Glasgow; Partners; R. D. M.; Surgeon, Hartest; A. E. M., Tiverton; E. E. B.; Principal, Seaford; Lex, Manchester; M. S, Harrow-road; E. C. H.; Chirurgus, Abertylery; &c. &c.

Dietetic Reformer, Western Daily Press, North Cheshire Herald, Sanitary Engineer, Evesham Journal, Sussex Coast Mercury, Ballymena Observer, &c., have been received

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